Hillsborough County

Behavioral Health Receiving System Plan

In accordance with

Florida Statute 394, Florida Mental Health Act

Florida Statute 397, Hal S. Marchman Alcohol and Other Drug Services Act

2022-2025

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The 2022-2025 Hillsborough County
Behavioral Health Receiving System Plan Background

In 2016, Senate Bill (SB) 12[1] required Counties to plan for and establish a "Designated Receiving System" (Plan) for behavioral health, (Ch. 394.4573(1) (F.S.), specifically:

> "A county or several counties shall plan the designated receiving system using a process that includes the managing entity and is open to participation by individuals with behavioral health needs and their families, service providers, law enforcement agencies, and other parties. The county or counties, in collaboration with the managing entity, shall document the designated receiving system through written memoranda of agreement or other binding arrangements. The county or counties and the managing entity shall complete the plan and implement the designated receiving system by July 1, 2017, and the county or counties and the managing entity shall review and update, as necessary, the designated receiving system at least once every 3 years."

Legislative intent language, and guidelines provided by the Florida Department of Children and Families (DCF), specified content areas for the Plan and established expectations regarding how the System should function. The overarching expectation is that the acute care behavioral health services should operate as a "no wrong door" for consumers and that providers of crisis services need to be capable of receiving, evaluating and triaging persons with substance abuse, mental health, or co-occurring disorders. At the request of the County, in support of this planning initiative, a community planning group was appointed by the Department of Children and Families Hillsborough County Acute Care Committee to compile and provide a comprehensive description of the components and structure of the Hillsborough County behavioral health system (Attachment 2- Hillsborough County Community Behavioral Health Services Description).

The Hillsborough County Behavioral Health Receiving System Plan, in regards to the specific content to be addressed as identified in legislative intent and DCF guidelines, offers the following responses:

1. Selection of Receiving System Model. With the approval of the Hillsborough County Transportation Plan, on March 24, 2017, the Board of County Commissioners endorsed the Central Receiving Facility Model. (Completed)
2. Timeline to implementation. The Hillsborough County Central Receiving Facility became operational March 13, 2017. (Completed)
3. A description of the planning process and the stakeholders involved. (See Hillsborough County Community Behavioral Health Services Description, Attachment 2).
4. A Transportation Plan developed pursuant to s. 394.462, F.S. Approved by DCF March 24, 2017. (Completed) (Attachment 1)

[1] SB12 (2016) was a bill during the 2016 legislative session. A final version of that bill became law, amending multiple Florida Statutes, including, in pertinent part, section 394.461, Florida Statutes and other relevant provisions contained in Chapter 394 of the Florida Statutes.

5. An inventory of participating service providers. A comprehensive provider survey profiling the various programs and services in the community was accomplished in April 2017. (Attachment 2, Appendix 1-Cooperative Agreement) (Completed)
6. How participating service providers are linked through cooperative arrangements. (Attachment 2, Appendix 1-Cooperative Arrangement)
7. How consumer choice is addressed. Consumer choice is one of eight Core Values espoused for the System as documented in the Hillsborough County Community Behavioral Health Services Description. (Attachment 2)
8. How individuals are screened, triaged, and evaluated for needed services. The Hillsborough County Community Behavioral Health Services Description documents, in detail, the processes persons go through based on their legal status when they present for care- voluntary, protective custody, professional certificate, court order, or criminal referral. (Attachment 2)
9. A continuous quality improvement (CQI) process. The operator of the Central Receiving Facility has committed to convene a Continuous Quality Improvement Coalition (CQIC) comprised of the System's patient safety and performance improvement professionals. (Attachment 2)

Benefits to Hillsborough County

- Improved access to behavioral health crisis services for consumers through the availability of a "one stop," single point of entry.
- Increased Law Enforcement patrol time due to ease of drop off of individuals through the Centralized Receiving System and Law Enforcement's access to private Baker Act and Marchman Act transportation services.
- Decreased use of hospital emergency rooms for Baker Act (Mental Health) and Marchman Act referrals (Substance Abuse),
- Increased competence of Receiving Facility personnel to serve persons with mental health and substance use disorders leading to more appropriate, admissions, coordination of care, and integrated treatment planning,
- Reduced recidivism to acute care services due to emphasis on Care Coordination and continuing care services for individuals who are high utilizers of jail, hospital emergency room, inpatient treatment, and acute care crisis services.
- More humane transport of persons in behavioral health crisis through private transportation.
- An institutionalized quality improvement process for enhancing System-wide performance.
- The 211 Information and referral data base is current with expanded capability to match callers with behavioral health services according to their needs and resources.

Introduction

Upon approval of the Hillsborough County Transportation Plan, on March 24, 2017, the Board of County Commissioners endorsed the Central Receiving Facility Model (definition) to conceptualize and structure this community's Designated Receiving System (definition) for behavioral health consumers. The Commissioners' endorsement of the Central Receiving Facility Model is in no way a departure from behavioral health care delivery practices that have been evolving in Hillsborough County over the past couple of decades. More directly, it is an expansion and refinement of those practices, through which the implementation of the "No Wrong Door" (definition) approach to services, offers significant promise for increasing access and enhancing collaboration among service providers (definition).

Since 1997, with the State's first Transportation Exception Plan, the Hillsborough County community chose to initiate and support a Central Intake receiving capability as an acute care response for mental health consumers (Baker Act Ch. 394 F.S.) (definition) and to support that approach with a publicly funded, privatized transportation capability for individuals in crisis. This Behavioral Health Service System Description (description) represents the enhancement of that response by incorporating substance abuse consumers into the existing mental health Central Intake Unit and expanding the publicly funded transportation component to include substance impaired persons processed under the Marchman Act (Ch. 397 F.S.).

The goal of a "single point of access" (definition) has been an aspiration of governmental and service providing stakeholders in this community for several years. In support of that goal, the lead community providers of public behavioral health acute care services committed to, and accomplished, the co-location of their Crisis Stabilization Unit (CSU) (definition) and Addictions Receiving Facility (ARF) (definition) operations in November of 2013. With the encouragement and support of the County Commission, County Administration and the County's Health Care Advisory Board and Public Safety Coordinating Council, the same acute care providers competed for and successfully secured $1.5 million annualized funding in 2016 from State appropriations. Those funds presently serve to support the infrastructure and expanded services necessary to maintain the operations of the free standing, mental health and substance abuse competent, Hillsborough County Central Receiving Facility (CRF). These accomplishments serves well to position this community towards the realization of the legislative intent for a "Coordinated System of Care" (definition).

In response to a Senate Bill (SB) 12 requirement (as amended into Ch. 394 F.S.), this Description represents a concerted effort by community stakeholders to document the workings of the Designated Receiving System as well as to venture into greater coordination of care and overall responsiveness to consumers, namely individuals in need of acute mental health, substance abuse and co-occurring services. This Description speaks to some planning considerations offered by the Florida Legislature and Department of Children and Families, and statutory requirements for the County's Designated Receiving System Plan.

Of necessity, this Description focuses primarily on those participants in the Designated Receiving System that are fundamental to its mission and indispensable to Hillsborough County's behavioral health safety net, generally those providers who are legally obligated to perform certain roles in

the system and those funded, at least in part, through governmental contracts and publicly funded health care plans. However, this Description is also intended to be a broader community effort, and as such, seeks to incorporate and recognize the roles and contributions of the many specialty and private providers who have engaged in, and contributed to, the planning process.

Children's Mental Health - House Bill 945 (HB945)[2]

The bill requires the Department of Children and Families (DCF) and the Agency for Health Care Administration (AHCA) to identify children, adolescents, and young adults age 25 and under who are the highest users of crisis stabilization services. The bill also requires DCF to collaboratively take action to meet the behavioral health needs of such children. The bill directs these agencies to jointly submit a quarterly report to the Legislature during Fiscal Years 2020-2021 and 2021-2022 on the actions taken by both agencies to better serve these individuals.

The bill requires the behavioral health managing entities (MEs) to create plans that promote the development and implementation of a coordinated system of care for children, adolescents, and young adults to integrate behavioral health services provided through state-funded child serving systems and to facilitate access to mental health and substance abuse treatment and services. The bill requires DCF to contract with the MEs for crisis response services provided through mobile response teams (MRTs) to provide immediate, onsite behavioral health services 24 hours per day, seven days per week within available resources.

When contracting for an MRT, MEs must collaborate with local sheriff's offices and public schools in the selection process. The bill also requires that the MRT establish response protocols with local law enforcement agencies, community-based care lead agencies, the child welfare system, and the Department of Juvenile Justice, and requires that the MRT provide access to psychiatrists or psychiatric nurse practitioners. The bill requires MRTs to refer children, adolescents, or young adults and their families to an array of crisis response services that address their individual needs.

The bill requires MEs to promote the use of available crisis intervention services. The bill requires contracted providers to give parents and caregivers of children who receive behavioral health services information on how to contact an MRT.

The bill amends foster parent preservice training requirements to include local MRT contact information and requires community-based care lead agencies to provide MRT contact information to all individuals that provide care for dependent children.

The bill requires principals of public and charter schools to verify de-escalation procedures have been followed and an MRT has been contacted prior to initiating a Baker Act of a student unless the principal or their designee reasonably believes a delay will increase the likelihood of harm to the student or others.

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[2] HB945 was a bill during the 2020 Florida legislative session. A final version of that bill became law, effective July 1, 2020, and amended section 394.493, Florida Statutes. This section addresses the requirements contained in that Florida Statutes that were added by the final version of HB495.

The bill requires DCF and AHCA to assess the quality of care provided in crisis stabilization units to children and adolescents who are high utilizers of such services and submit a joint report.

Key Stakeholders

The Designated Receiving System is grounded by and functions within the governmental, social, and political context that is the Hillsborough County community. That context includes a variety of parties, each of whom influence System design and contribute meaningfully to the operation of the System through the exercise of their respective roles and responsibilities. In summary terms, and in terms of their relation to this Description, those Key Stakeholders include:

- Hillsborough County Government, governed by elected County Commissioners who set policy and approve the County Budget, who operate through the support of County Administration and through Board and Committee structures that advises and recommends policy and funding priorities for their consideration. Specific to the System, the Board of County Commission (BOCC), through Administration, funds health care, behavioral health treatment, consumer transportation, homeless services and social services. And, crucial to this planning process, convenes, staffs and hosts the Public Safety Coordinating Council and the Health Care Advisory Board whose role includes consideration of behavioral health policy and funding and through whom the Designated Receiving System Plan is to be reviewed and recommended for BOCC approval.
- Central Florida Behavioral Health Network (CFBHN), governed by a not for profit board of directors representing 14 Counties, service as the Managing Entity (definition) for the Florida Department of Children and Families (DCF) to plan for, administer, contract and monitor Substance Abuse and Mental Health services funded through state and federal trust fund dollars appropriated through the Florida legislature. As a Managing Entity, CFBHN is statutorily obligated to participate with the County in a coordinating role in the development of this Designated Receiving System Plan. Besides their role in contract management for DCF, CFBHN is responsible for working with local criminal justice, health care and housing systems and organizations to integrate state and local funding to divert persons with behavioral health conditions from incarceration, hospitalization, and inpatient services and to achieve the maximum benefit for consumers within existing resources. The Acute Care Committee referenced herein is a public forum convened and staffed by CFBHN that includes DCF personnel, CFBHN personnel, hospitals (definition), service providers, transportation services and consumers and family members. That Committee selected and appointed the Workgroup that drafted this Description and monitored and provided input throughout the planning processes.
- Judicial Circuit (definition) Criminal Justice Agencies, comprised of the operations of elected constituency offices of the Hillsborough County Sherriff, State Attorney, Public Defender, Clerk of the Court and the appointed Chief Judge and Court Administration and the other Law Enforcement agencies. These criminal justice stakeholders deal daily with persons in need of behavioral health services and the behavioral health provider system. The leadership of these organizations routinely participate in the interagency coordination activities and policy development forums provided through the Public

Safety Coordinating Council. Collectively, they demonstrate a commitment to seeing that persons impaired by behavioral health conditions receive the care they need, while balancing the issues of care and public safety. As a body, they advocated for, and were successful in bringing, the Central Receiving Facility, "no wrong door" model funding to Hillsborough County and remain strong supporters of specialty courts (definition) and service delivery models that divert individuals from incarceration who are better served in the community.

- Veterans Administration (VA), federally organized and operated, the local James A, Haley Veteran's Hospital and local VA services bring considerable resources and opportunities to Hillsborough County to coordinate efforts in regards to homeless, criminal justice involved, and behaviorally impaired veterans. The Hospital's Emergency and Inpatient services, and the VA operated recovery (definition) and homeless outreach and case management (definition) programs along with those contracted through local behavioral health and homeless service providers, contribute significantly to the breadth and responsiveness of the Designated Receiving System in Hillsborough County.
- Tampa Hillsborough Homeless Initiative (THHI), governed by a not for profit Board of community leaders and representatives, closely coordinates its activities with County Administration, the Housing Department of the City of Tampa and the Tampa Housing Authority in efforts to address homelessness in our community and to pursue opportunities to increase affordable, permanent housing. The THHI is designated by the federal Department of Housing and Urban Development (HUD) as the Continuum of Care lead agency. That designation includes responsibility for driving planning and advocacy efforts to end homelessness, and coordinating the processes for identifying and prioritizing housing needs and securing and managing HUD's McKinney-Vento funding for homeless services.
- The Hillsborough County Children's Board, governed through a BOCC appointed, not for profit citizens Board, plans for and manages services for children (definition) utilizing funding derived from a voter approved, local taxing authority. Their emphasis is on prevention and early interventions (definition) specific to young children and their families, many of whom experience distress due to the functional limitations of behaviorally impaired family members.
- University of South Florida (USF), governed as a State University, is a major contributor in helping prepare and meet the workforce needs of behavioral health care providers. USF is recognized as a leader in national research efforts, many of which stem from faculty of the behavioral health and criminal justice programs. The USF Technical Assistance Center of the Department of Law and Mental Health played an integral role in the development of this Description. Leadership of that Center proved most helpful by bringing important lessons from history, a clear understanding of best and most promising practices in diversion and treatment to the process, and in guiding planning participants to envision opportunities for future System improvements.
- Eckerd Alternatives, governed by a not for profit Board, serves as the Community Based Care Organization, an administrative entity under the Florida Department of Children and Families, to contract for, manage and monitor services for youth (definition) and families who present to and/or become involved in Florida's child welfare system. Eckerd, and it contracted care management units, works closely with

the Hillsborough County Sheriff's Office (HCSO) abuse (definition) and neglect (definition) allegation investigators to help determine the need to engage families in child welfare services and to formulate interventions designed to strengthen families and, where out of home placements are necessitated, to re-unite families. Many of the families so impacted become involved in the system as a result of problems associate with substance abuse and mental health conditions. Accordingly, the care of persons in their system must often be coordinated with community behavioral health providers, and reflected in the case plans, to include court ordered services when required.

- Florida Department of Juvenile Justice (DJJ), a unit of State government, has statutory responsibility for the establishment and management of juvenile justice services as defined and funded by the State legislature. Through Departmental staff and contracted providers, they are responsible for implementing policies related to the prevention of delinquency, the processing of youth presented for delinquent offenses, and the care and custody of those committed by the court to their care. Behavioral health screenings (definition) and assessment (definition) are integral components of the Department's intake process, the results of which are designed to support the care side of diversionary and commitment programming and achieve a balance of treatment and sanctions. The Hillsborough County Juvenile Assessment Center (JAC) represents the local response for the intake and processing of youth. It is also the site where necessary initial assessments take place and the originating source from which service needs are identified and interventions recommended for inclusion in subsequent diversion and commitment planning. Probation officers and providers of commitment programming build on the initial recommendations to structure interventions and engage community providers for needed treatment and supportive services.
- Florida Department of Corrections (DOC), a unit of State government, is responsible for the care and custody of primarily adults participating in pre-trial intervention programs, sentenced to prison, and committed for community supervision, to include assisting individuals to re-enter the community from confinement. The Department is responsible for community residential alternatives for substance abusers and work release programs. For those committed to the community, Departmental probation personnel provide for the supervision of individuals in accordance with their court ordered sanctions. In cases where individuals have sanctions requiring participation in behavioral health services, probation officers work closely with community providers to facilitate participation and to represent the individual's progress in treatment to the court.

Description Development Process

Background. Senate Bill 12 required that Counties prepare a Transportation Plan and a Designated Receiving System Plan, and that the Transportation Plan become part of the Designated Receiving System Plan. Time wise, those Plans needed to be completed by June 30, 2017. At the request of County staff, a subcommittee was established by the Hillsborough County Acute Care Committee (an advisory body to the Department of Children and Families), to draft a comprehensive description of the Hillsborough County behavioral Health System as a reference document for the preparation of those Plans. Besides assisting the County, the Hillsborough County community

saw the request as an opportunity to engage public and private sector stakeholders and organizations in a process to articulate and organize a Coordinated System of Care. The approach agreed upon was that the resulting product would be a "descriptive," rather than a "strategic document".

The planning process. Hillsborough County has had one of the required Plans, called the Transportation Exception Plan, since 1997. That Plan had to be reviewed and reapproved every five years and was scheduled to expire March 31, 2017. Due to the risk of the Transportation Exception Plan expiring, the decision was made that the community would focus first on assisting the County in getting Transportation Plan approved and then shift to assist the County to complete the Designated Receiving System Plan. The County's planning process started with a briefing of the Hillsborough County Health Care Plan Advisory Board (HCHCAB) by community behavioral health providers in May of 2016 That briefing focused on the statutory changes created by Senate Bill 12, and the accompany requirement that the County author, approve and submit the Plans for approval by the State. At that meeting a basic structure was put in place to guide the development and approval of the County's Plans. The inactive Mental Health Task Force of the HCHCAB was reactivated to advise the development of this Description and ensure its relevance to County planning needs, and ultimately to monitor the development of the Plans for submission to the HCHCAB for final review and recommended approval to the Board of County Commissioners.

The "Description Subcommittee" met monthly to review and revise materials and to track assigned tasks. In March, through the efforts of the Crisis Center of Tampa Bay, 211 hot line staff, and the University of South Florida, the Subcommittee launched a provider survey to compile the inventory of community services required for the County's Designated Receiving System Plan. The resulting database, besides supporting the need for the inventory, also served to update the 211 referral directory, and will continue to serve as a resource for future needs assessments and related planning activities.

The Transportation Plan was ultimately submitted and approved by the BOCC and DCF by March 24th. The Designated Receiving System Plan, with this Description attached as a source document, is scheduled for presentation to the Mental Health Task Force and HCHCAB in May and within the required timeframe for BOCC approval in June.

Organization of the Description Document. The Description is a community generated document that is subject to refinement at the discretion of community stakeholders. At a minimum, the Description should be reviewed and updated every three years in keeping with its status as a reference document for the County Plans that must be reviewed every three years.

The Description includes a descriptive narrative of Designated Receiving System's composition, stakeholders and practices; a signature page expressing the commitment of key organizations; and several appendices including: Inventory of Services (Appendix 1); Patient Rights Appendix 2); legal, contractual, and court participant eligibility requirements (Appendix 3); and, definitions (Appendix 4). The core narrative is written with specific references to the Appendices where a highly motivated readers can get additional details related to areas of interest.

System Values

The overarching theme of the Description is to recognize the importance of the Hillsborough County community involvement to ensure that: the Designated Receiving System for behavioral health supports integration across the behavioral health, health care, housing and criminal justice systems; the community is committed to reducing barriers to appropriate services and recognizes the rights of individual and family consumers to participate in planning, decision-making, and evaluating the System's responsiveness of care. Specific values identified include, that:

1. The system is person centered and recovery-oriented in its approach to care,
2. Services are individualized and tailored appropriately to gender, race, age, sexual orientation (with respect to age, providers are aware of differences in individual needs depending on their age and development.
3. Patient Rights are respected and adhered to as codified in Florida Statutes. (Appendix 2, page 1 Patient Rights)
4. Consumer choice of provider is respected and of consideration throughout the process of providing care,
5. Public safety and behavioral health care needs are weighed equally in all decisions,
6. Services are easily accessible and welcoming of consumers,
7. There is "no wrong door" to services for people with mental health, substance abuse, and co-occurring disorders, and
8. Clinically appropriate interventions serve to divert persons with behavioral health conditions from emergency hospitalization, inpatient treatment and incarceration and to assist persons returning from institutional care to reintegrate into their communities.

System Guiding Principles

Various levels of input and review throughout the process of developing this Description spoke to, and embraced, a number of guiding principles believed to be necessary to fulfilling the vision and the attendant values, and the realization of a Coordinated System of Care (Definitions), specifically:

1. Recognition that substance abuse and mental health disorders are diseases of the brain that are treatable and manageable as chronic illnesses,
2. Transportation of persons who experience behavioral health crisis are provided in the most humane way possible,
3. Persons are served within the Safe Management Capabilities of the program,
4. Persons with behavioral health conditions who are not charged with a crime, should not be detained or incarcerated in the jails,
5. Services are offered in the least restrictive environment,
6. Services are trauma-informed, and trauma specific interventions are utilized,
7. Clinical examinations, assessment and treatment services reflect the best of prevailing practices and appropriately incorporate science informed practice interventions,
8. Services are recovery oriented and Recovery and Peer Specialists are recognized as critical contributors to the system of care, and

9. The Designated Receiving System organizes and maintains an inter-organizational forum to evaluate System performance and provide for continuous quality improvement.

Pathways to Care

In legal terms, there are primarily five (5) pathways for persons to access or receive care- voluntary (definition), civil involuntary (non-court), civil involuntary (court), Dependency, and criminal referrals.

A. Voluntary Admissions - (Appendix 3, pg. 1)

Persons who decide to participate voluntarily in behavioral health services are eligible for admission to any program in the array of services that is available to the general public and consistent with, and responsive to, the nature and severity of the persons' behavioral health conditions. Voluntary services are available at the request of the individual directly or by way of referral by family, friends, employers, heath care providers and other parties associated with the person, or in response to the transitions between professionals coordinating the person's care. Children under the age of 18 can voluntarily seek admission to treatment for substance abuse. Children seeking mental health admissions voluntarily can only do so with the consent of parent or guardian (definition). Voluntary participation can also occur when persons being served in an involuntary status demonstrate that they have achieved a level of competency to where they no longer require oversight by the court. It is the responsibility of service providers to evaluate the person's competency to consent to treatment and to assist persons in accessing services provided in the least restrictive level of care consistent with their treatment needs. (Appendix 3, pg. 1). Voluntary admissions are often limited by the person's ability to pay or by program capacity, particularly for publicly funded programs.

B. Civil Involuntary Admissions - (Appendix 3, pg. 3 for details)

1. Involuntary Criteria (General) – Florida Statutes codify very similar criteria for the determination of a person's need for involuntary service interventions. The major discerning difference in the two criteria is whether or not the acute condition, and the risks of danger to self or others, derives from mental illness (definition) or intoxication. (Appendix 3, pg. 2 for complete statements of involuntary criteria). Both statutes contend that involuntary services (definition) are warranted when it appears that the person refuses care and the person's judgment is so impaired (definition) so as not to appreciate the need for care, and that without intervention and treatment, will likely suffer neglect or, will remain at risk of inflecting harm on self or others.

   Until the establishment of the Hillsborough County Central Receiving facility for the reception and processing of voluntary and involuntary mental health and

substance abuse conditions, decisions related to determining eligibility and discerning the genesis of the acute condition, often rested with persons who were unprepared or ill equipped to make those decisions. With the "no wrong door" functionally now in place for adults, law enforcement officers (definition), and other referring agents, can count on professionals who specialize in those determinations to make those decisions. Although referrals still have to be initiated using specific Baker Act or Marchman Act forms, it is now the role of the Central Receiving Facility staff to accurately assess individuals. In those circumstances where the applied statutory authority (Baker Act or Marchman Act) is deemed inaccurate, it is the responsibility of the Facility staff to rescind that authority and initiate the authority that best matches the person's circumstances and conditions. Publicly funder children's Baker Act and Marchman Act involuntarily referrals are still accepted and processed in separate Children's Crisis Stabilization and Juvenile Addiction Receiving Facility programs in the community.

2. Civil Involuntary (Non-Court) - (Appendix 3, pg. 18 for details)

    a. Law Enforcement Protective Custody-(Appendix 3, pg. 18)
    When an individual appears to meet involuntary criteria for a substance use or mental health disorder, and is in a public place or is otherwise brought to the attention of law enforcement, law enforcement has considerable discretion for the disposition of the case. If the person is not too seriously impaired and does not appear to present a danger to self or others, the officer may divert that person to an appropriate alternative placement (e.g., respite shelter, walk-in access center, home, etc.). When the person does present as being of danger to themselves or others, the law enforcement officer may initiate involuntary placement and have the person delivered for examination and stabilization to the Central Receiving Facility, or to a hospital when medical clearance is necessary, or to an alternative Designated Receiving Facility (DRF) (definition) in consideration of consumer choice. Law enforcement may either personally transport or arrange for the transport through Emergency Medical Services or TransCare to the hospital, Central Receiving Facility, or to the Designated Receiving Facility of the person's choice, in accordance with the Hillsborough County Transportation Plan. In the case of minors (definition), law enforcement must notify a parent/guardian of the involuntary transport.

    b. Involuntary Assessment of Minors - (Appendix 3, pg. 19)
    Parents/guardians may transport youths to the Children's Crisis Stabilization Unit (CCSU), Juvenile Addictions Receiving Facility (JARF), or another Designated Receiving Facility for evaluation and assessment by a qualified professional (definition). If the qualified professional determines that the youth meets clinical criteria for admission to the CCSU, JARF or hospital inpatient program, he/she may be admitted on a voluntary basis with consent of the parent and the

youth. If the parent or guardian do not give consent and the youth meets involuntary admission criteria, the qualified professional conducting the evaluation may initiate an Involuntary Certificate and facilitate the admission of the youth to the program.

c. Professional Certificate - (Appendix 3, pg. 17)
Medical and behavioral health professionals identified in statute as "Qualified Professionals" (Physicians, Advance Registered Nurse Practitioners (ARNP), clinical psychologists, licensed clinical social workers (LCSW), licensed marriage and family therapists (LMFT), licensed mental health counselors (LMHC), and physician assistants, and for substance abuse only, a master's degree level, Certified Addictions Professional) may initiate a Professional Certificate for involuntary examination/assessment based on their firsthand observations of the person's condition as meeting involuntary criteria within the preceding five days. The initiation of a Professional Certificate provides authorization for Designated Receiving Facilities to examine. Assess and where appropriate, admit the person referred to inpatient care. It also provides authorization for law enforcement and third part transporters to engage the person and transport them involuntarily to the Facility. A Certificate is valid for seven days after issuance. A professional certificate may also be used by Receiving Facilities when an individual states consent to be admitted, but there is reason to believe the individual lacks the capacity to give "informed consent" (definition) due to their condition when presented.

3. Civil Involuntary (Court) - (Appendix 3, pg. 2 for details)

a. Examination/Assessment (Appendix 3, pg. 2)
Any adult person willing to provide testimony may petition the Circuit Court for an involuntary assessment order. In the petition, the petitioner must state that they have personally observed the actions of an individual and believe that person meets involuntary criteria. The petition must document why the person represents a threat to themselves or others in their current condition, or why the petitioner believes that the person, due to his/her mental illness or substance abuse disorder, is unable to make a rational decision regarding the need for care. Once issued, either as the result of a court hearing or court initiated Exparte order, the involuntary order remains in effect for seven days, unless stipulated otherwise in the order. Based on the order, the court or petitioner may request that law enforcement transport (or utilize contracted transportation services), or locate and transport the person specified in the petition to the Central Receiving Facility or other site specified in the order for the involuntary examination/assessment. Results of the examinations/assessments may serve as evidence in later

court proceedings to determine the person's need for involuntary treatment or services.

b. Involuntary Services or Treatment, Court Orders for Involuntary Treatment. (Appendix 3, pg. 2)

Civil involuntary proceedings require the court to make a determination that weighs the right of an individual to make personal decisions about health care, and the degree the person's present risk of harm to oneself or others due to their behavioral health condition, and the extent to which, without intervention the person's condition will further deteriorate.

Under the Baker Act, the administrator (definition) of the Designated Receiving Facility is responsible to initiate the petition. That petition must be supported by two psychiatrists, or a psychiatrist and clinical psychologist, both of whom have examined the person within the preceding 72 hours.

Under the Marchman Act, a spouse, guardian, relative, service provider, or any three adults with knowledge of the respondent and the prior course of assessment and treatment may initiate a petition for involuntary treatment following assessment.

It is the responsibility of the court, upon the hearing of the petition, based on the assessment and evidence presented, to either dismiss the petition, allow the person to voluntarily seek treatment, or order the person into involuntary treatment/services at the level of care (outpatient (definition), residential or inpatient) prescribed by the court. It is the responsibility of the court to review and revisit the person's involuntary status at regular intervals as specified in statute.

4. Family Dependency Treatment Court (Appendix 3, pg. 20)

Family Dependency Court serves substance impaired parents and caregivers who are engaged in the Child Welfare system and who have the goal of reunifying their families and regaining custody of their children. To achieve that goal, program participants must comply with all court sanctions, abstain from drug use and successfully complete a treatment program. Services are coordinated by case management agencies under subcontract with Eckerd, the Community Based Care Organization contracted by the Florida Department of Children and Families. Those subcontracted case managers (definition) have priority access to specialized services available to them that are funded by the State through Cove Behavioral Health, Inc., as well as the existing treatment services funded by the State (and other fund sources) through Cove Behavioral Health, Inc., Agency for Community Treatment Services (ACTS), Phoenix House, and other community providers.

5. Referrals for justice involved persons - (Appendix 3, pg. 21)
Planning for behavioral Health services in support of initiatives to divert persons from incarceration and to provide clinical interventions for those who enter the criminal justice system, has been conducted under the auspices of the Hillsborough County Public Safety Coordinating Council (PSCC). The planning activities for the past decade have been guided by a process called Sequential Intercept Mapping and facilitated by experts in that model, most recently the staff of the Technical Assistance Center of the University of South Florida. Based on the mappings that have resulted from that process, planning has focused on the developing behavioral health responses for each of the identified Intercept Points, specifically:
   A. Intercept 0: Community Services
   B. Intercept I: Initial Contact with Law Enforcement, Prevention Programs (definition), or Emergency Services,
   C. Intercept II: Initial Detention and Court Appearance,
   D. Intercept III: Jails and Courts, and
   E. Intercept IV: Re-Entry
   F. Intercept V: Community Corrections

   As a result of those planning efforts and a serious commitment by the Public Safety Coordinating Council (PSCC), County Commission, the Sheriff's Office and other local law enforcement agencies, and the Circuit Court, opportunities have been created which have resulted in the establishment of behavioral health diversionary, treatment, specialty dockets, courts and reentry services supported through the additions of Specialty Courts (Appendix 3, pg. 20) for each of the identified Intercept Point.

The identified, endorsed and operational initiatives for adults to date include:

1. The Hillsborough County Mental Health Jail Diversion program for misdemeanant and local ordinance offenses.
Hillsborough County contracts with Agency for Community Treatment Services (ACTS) to serve as lead agency for this initiative. ACTS in turn collaborates with other community partners to execute successful jail diversion that includes Northside Behavioral Health Center (Northside), Cove Behavioral Health, Inc., Mental Health Care, Inc. (d/b/a Gracepoint) and Tampa Crossroads, Inc. Under the County funding, the individual is entitled to 90 days of case management service. Provider agency Case Managers are responsible for assisting individuals to engage in behavioral health treatment services, secure personal documents, apply for entitlement services including applications for disability, and obtain housing, health care and employment. Participation is reported to the State Attorney's Office who decides if the individual's participation was sufficient to dismiss charges. Access to the program occurs through the following avenues.

   a. Community-based diversion, at law enforcement discretion- the determination of individual eligibility occurs when a law enforcement

officer delivers an individual to the Central Receiving Facility or the Amethyst Respite Center (shelter), where the officer reports that the individual could have been arrested, but instead, the officer chose to place the individual for assessment and stabilization.

b. Pre-Booking Diversion- eligibility is determined by Hillsborough County Jail personnel upon an individual being presented to booking. When determine to meet predetermined eligibility requirements (based on the offense and the person's offence history), the person is not processed further in booking and a call is made to the ACTS Transportation Hub to retrieve and transport the individual to ACTS Amethyst Center for further assessment and admission to the program.

c. Post Booking Diversion at Judge's discretion (Appendix 3, pg. 10) - Individuals who pass through the Jail booking process who are identified by jail staff or the Public Defender attorneys, or ACTS staff, are referred to the ACTS Jail Liaison for assessment and determination of eligibility for presentation for judicial determination. Those, where the court is in agreement with the recommendation for diversion, and the person agrees to voluntarily participate, and those determined eligible for release who are released on their own recognizance (wherein program participation is specified as a condition of their release), are released to ACTS and subsequently enrolled in the program. Individuals referred post booking may still be considered for prosecution at the discretion of the State Attorney's Office.

2. The Pre-Trial Intervention (PTI) mental health and substance abuse diversion programs. - Referrals for consideration for participation in a pre-trial intervention program are generally initiated at the request of the public defender or an individual's private attorney. In those cases where the State Attorney agrees to the diversion, in the case of Drug Court PTI Drug Court (Appendix 3, pg. 25) the individual is screened and assessed for participation by clinical personnel in Court Administration. For Mental Health Court (Appendix 3, pg. 5), screening and assessment are conducted by a Gracepoint licensed clinician assigned to Court Administration. Operationally, the two PTI Courts are alike with both; targeting felony offenses, (but with discretion to include certain misdemeanants); being voluntary programs; having individual treatment plans as the basis for accountability to the court; having Department of Correction probation officers assigned to the individuals; and, allowing for the dismissal of charges upon successful completion of the program. Individuals are responsible for compliance with treatment services as identified in the treatment plan approved by the Court. Individual compliance and progress in treatment are routinely reported to the Court. Violations can result in a revocation of PTI status with the individual being subject to prosecution for the offense. Cove Behavioral Health, Inc. is PTI Drug Court's primary service provider. The basic PTI Mental Health Courts services for individuals are coordinated through a court recognized, Gracepoint Case Manager who is responsible for coordinating linkage to existing behavioral health and supportive services in the community. Those individuals who are assigned to the

Enhanced Offender Diversion program, are the responsibility of ACTS behavioral health case management and recovery support team, who have priority access to Gracepoint and ACTS treatment services, as well as the availability of contingency funds to purchase services anywhere in the community. MHPTI state and defense violations go before the court.

3. Veterans Court- The County Criminal Division of the Veterans Court allows individuals who are veterans, honorably discharged, who suffer from service-related mental illness, traumatic brain injury, substance abuse, and/or psychological problems to become eligible for the benefits of this program. There are certain offenses that are eligible for admission to the court that are listed in the court order. Once assigned to the Veterans Court Division, there are court hearings that are required and set by the judge in charge of the Veterans Court. DUI charges are not eligible for the program. To be eligible, the defendant must be evaluated by the Veterans Administration for verification of eligibility, or other state or federal court approved facility. The program is completely voluntary. Some cases are referred directly by the State Attorney's Office to the Veterans Court, if they appear eligible. It is required that all veterans continue to participate in recommended treatment. If the court determines that the defendant has not complied, the case will be discharged from the Veterans Court. The case will proceed as if it had been originally filed in a criminal division Pre- and Post-Adjudicatory Alternatives to Incarceration Diversion- Adjudication for offenses and court supervision of individuals occur at several levels and through some specialty courts within Circuit 13. County Criminal Division (Appendix 3, pg. 27) presides only over misdemeanor offenses. *County Court* relies on referral to community providers and their participation in court for any access to behavioral health services. *Veteran's Treatment Court* (Appendix 3) presides over both misdemeanor and felony proceedings for voluntary veterans and service members whose suffer from service related behavioral health disorders. Services of the local military complexes, the Veteran's Hospital and the local Veteran's Administration (VA) are available to individuals under the supervision of this Court, as well as participating community providers, particularly those under contract with the VA. *Felony Court/Felony Drug Division (Appendix 3, pg. 26)* provides for the adjudication of persons committing 3rd degree felonies. All felony courts and in particular Drug Division have available the sanction of requiring persons with behavioral health issues to participate in treatment. These case are supervised by Department of Correction's officers who are responsible, as a condition of the individual's probation (definition), to monitor their participation in treatment and keep the court apprised of their compliance with sanctions and their progress in treatment. Violators of requirements of their probation can ultimately result in commitment to prison. Hillsborough County contracts for treatment services (residential and outpatient) with Cove Behavioral Health, Inc., ACTS and Tampa Crossroads through Alternative to Incarceration funding through the Integrated Care contracts. Other providers, in and out of County, may receive referrals from the courts for their services through funding arrangements unique to those organizations.
4. Persons who are determined by the court to be incompetent to proceed to trial or not guilty by reason of insanity (Appendix 3, pg. 23) may be involuntarily

committed to treatment and become the responsibility of the Florida Department of Children and Families for their placement and supervision. Expectations for these incompetent individuals is that efforts be undertaken to stabilize their mental conditions and restore their competence. Persons who meet criteria may be committed to State Hospitals, or they may be placed and treated in the community when State Hospitalization is not required or when individuals return to the community from State Hospitals. Periodic reviews of the mental status of the incompetent persons are conducted regularly by the court for determination of competency and to monitor their participation in treatment. In Hillsborough County, Gracepoint's Forensic Residential program serves as an alternative placement to the State Hospitals. Residential treatment (definition) is provided for some persons with co-occurring substance abuse impairments (definition) through ACTS regional, treatment facility (definition) in Tarpon Springs, Florida. Specialized case management and community-based intensive treatment is provided through Gracepoint's Multidisciplinary Forensic Team. Gracepoint's Forensic Specialist manage and supervise a number of persons for the court who reside in the community and those who move between the community and the State Hospitals.

5. Re-entry- The cornerstones of Hillsborough County's response to persons re-entering the community from sentences in jail and prison is the HCSO's Hillsborough Re-Entry Center (HREC). The HREC is a Florida Department of Corrections designated Re-Entry Portal release site. The Portal connects individuals to necessary services that were identified through a needs assessment process during release planning. For person's re-entering from the Hillsborough County Jail, the Hillsborough County Jail's contracted medical provider performs various medical discharge planning services, such as providing a three day supply of medications and seven day supply of psychotropic medications from the pharmacy, a thirty day prescription for necessary medications, and specialized discharge planning and transitioning linkages for the HIV population. For both the returning jail and prison populations the HREC provides for Felony Registration and makes available case management services (definition) to assist with access to food vouchers, legal aid, health care, housing, clothing, employment assistance, behavioral health services, entitlement services, mentoring, etc. and linkage to such community based services as:

    a. Ready4Work-Hillsborough through Abe Brown Ministries. Ready4Work-Hillsboroughis a replication of the national Ready4Work program. The program encompasses case management, life-coaching, employability training and job placement assistance. The program operates through strategic partnerships with faith-based organizations, local businesses, community outlets and the judicial system to ensure that individuals transition successfully back into the community. Ready4Work partners with Cove Behavioral Health, Inc. for any substance abuse treatment services (definition) required by program participants.

b. The Department of Children and Families (DCF) & Department of Corrections End of Sentence (EOS) Mental Health Referral System: Northside Behavioral Health Center: The Florida Department of Children and Families (DCF) and Florida Department of Corrections (FDC) have executed an interagency agreement to ensure that individuals with serious mental illnesses who are incarcerated in any FDC institution have access to mental health services (definition) upon release (FDC/DCF Agreement #A3919). Northside is the designated community based mental health provider assigned to accept referrals from the FDC for incarcerated individuals who require post-release evaluation and continuity in mental health care upon release.

c. Hillsborough Empowerment Reentry Network (HERN) - The Hillsborough Empowerment Reentry Network (HERN) was established on July 19, 2004 under the direction of Hillsborough County with support from the United States Attorney's Office for the Middle District of Florida. The mission of HERN is to build a network and foster a continuous working relationship with service providers to meet the needs of individuals transitioning back into communities within Hillsborough County. The network seeks to establish relationships with community, faith, and governmental agencies that can provide individuals with basic needs (food, shelter, and clothing), housing, education, employment, healthcare (especially treatment for substance abuse, mental health, and HIV/AIDS problems), legal assistance and mentoring. Abe Brown Ministries chairs the Network and acts as its primary point of contact.

d. Hillsborough County Ex-Offender Reentry Alliance (HERA) - Hillsborough County Sheriff's Office Re-entry Center facilitated forum to promote cross agency collaboration to share resource availability and needs related to justice involved persons returning to the community. Participation is open to any interested individual, group or agency motivated to serve persons returning to the community from incarceration. Presentations are solicited regarding community initiatives to ensure service availability is known across the spectrum of service providers ranging from community volunteers, faith based organizations, government and law enforcement entities, corrections and non-profits.

e. Goodwill Industries: Hillsborough County Residential Re-Entry Center/Work Release- The Hillsborough County Residential Re-Entry Center is a residential work release program for nonviolent inmates finishing their sentences in the federal prison system who are referred as a sanction for violation of their federal probation. The program's goal is to reintegrate inmates back into the community. Participants live at

the Goodwill corrections facility in Tampa while working in the community.

The resulting identified, endorsed and operational initiatives for youth to date include:

1. Civil Citation - (Appendix 3, pgs. 19 and 21)
   Florida Statute 985.12 authorizes the establishment of Civil Citation programs at the community level. In Hillsborough County that program is operated by Circuit 13 Court Administration in conjunction with the State Attorney's Office (SAO), the Public Defender's Office (PD), local law enforcement agencies and community providers. The program provides the opportunity for youth who commit non-serious delinquent acts and admit to having committed the misdemeanor, to be diverted from the formal Juvenile Justice system as an alternative to custody , and ultimately avoiding a criminal record. In Hillsborough County. Civil citations are initiated by the law enforcement officer who comes in contact with the youth. That officer contacts the Juvenile Assessment Center (or accesses the CITRIX data base) to determine the youth's eligibility for the program. If the juvenile meets legal criteria (committed one of the ten approved misdemeanors including possession of marijuana or possession of drug paraphernalia) and if the youth is willing to accept the program, the law enforcement officer contacts the parents for their consent to issue the citation. Subsequently, the Juvenile is delivered to Parent and the Citation is sent to Court Administration. The Court Administration case manager enters the Citation into the Department of Juvenile Justice's (DJJ) Prevention Web site and an appointment is scheduled for parent and juvenile to meet with Court case manager within 24 hours. The Case Manager conducts a screening and recommends services based on the screening and referrals are made to community providers. Other sanctions may be applied to the juvenile's situation including such things as an apology letter and community services hours. If the Juvenile completes the program successfully, the case is closed. If the Juvenile is unsuccessful, the case is referred to the State Attorney's Office for consideration for prosecution.

2. Criminal Processing - (Appendix 3, pgs. 19 and 21)
   Hillsborough County's Juvenile Assessment Center (JAC) serves as the entry point for youth taken into custody (definition) and charged with a criminal offense, for intake and processing (See page 20 for a full description of the Facilities operation). Based on the variety of assessments that occur through the intake process, the youth will either be placed in secure or non-secure detention or released to a parent or other responsible adult pending arraignment. Simultaneously, recommendations are provided to the State Attorney regarding dispositions to whether the youth is a candidate for diversion or prosecution. Also, based on clinical screenings and assessments, the JAC provides formal recommendations to SAO and DJJ probation specifying services that need to be considered in resulting diversionary or adjudicatory dispositions. Youth who are ultimately diverted are assigned to a

formal diversion program (either Juvenile Drug Court, Arbitration, and Juvenile Diversion Alternative Program (JDAP)). Youth who complete diversion successfully (participation in behavioral health treatment, fulfilling all required sanction, etc.) are no longer subject to prosecution for the offense. Those who do not complete successfully, at the discretion of the SAO, may be subject to prosecution. Youth adjudicated guilty of the crime are assigned to the custody of DJJ along with court imposed sanctions for supervision that may include community probation or commitment to the range of placement options available to DJJ, including day treatment and residential commitment programs (including re-entry sanctions). It is the responsibility of DJJ probation officers to: monitor the youth through their commitment to the DJJ; to ensure that the youth participate in any mandated treatment programs and other needed services; and, to advise the court of the youths progress through to the disposition of the case.

3. Incompetency - (Appendix 3, pgs. 19 and 21)
   Hillsborough County's Youth Specialty Docket for those who are Incompetent to Proceed offers problem solving for mental health treatment and warm hand-offs to in-home treatment. Detention hearings include representatives from Success 4 Kids & Families to prevent "lock outs", to bring resources to families and divert detentions.

Designated Receiving System Design

For descriptive purposes, the Hillsborough County Designated Receiving System is organized according to five general Services Categories (Community Interventions, Stabilization and Examination and Assessment, Clinical Treatment, Psychosocial Rehabilitation, Supportive Services), each with accompanying programs designed to meet specified outcome goals and to fulfill specific roles and responsibilities in the System of care. More specifically, Service Categories represent the various levels of interventions that are necessary in this community to ensure a comprehensive "array of services". This organizational scheme served as the construct for the Provider Survey conducted through the planning process. Each Service Category is comprises of a constellation of Programs that are designed to contribute to the achievement of the goals of that particular Service Category. Programs within Service Categories are identifiable as "models of care", each structured around a set of strategies and practices that are accomplished through a specific configuration of services. Beyond the basic classification of Service Categories and the isolation of specific Programs comprising those Classifications, the survey went further to account for the specific combination of services available within and through the Programs. This approach provided for the better articulation of the likeness and difference between Programs as well as accounting for the differences in approaches to programming between individual providers. Some services selections identified in the survey included, among others: Referral Services; Clinical and Psychiatric Assessments: Individual, Group, Family, In-Home and Tele-Therapy/Psychiatry Treatments; Benefits Assistance; Case Management and Care coordination (definition); Education and Life Skills Training; Peer and Recovery Support Services: Self-help Groups; Parenting Classes; Medication Assisted Therapies; Patient Advocacy; Nutrition and Food Assistance; Drug Testing; among others, and included the option to identify additional services

not listed in the survey choices. When operating effectively as a "coordinated system of care", consumers have the opportunity to move seamlessly across Categories and from Program to Program based on the opportunities and challenges they face, and the restrictiveness level they require and are best apt to address and support their recovery needs at any given time.

Included in this Description, initially expressed in SB 12 for the required County Plans, is the requirement that the planning process result in an inventory of behavioral health services that describes individual provider contributions, capabilities and limitations and speaks to the inter-relationships of providers in coordinating care across the Designated Receiving System. To that end, the Hillsborough County 211 provider, the Crisis Center of Tampa Bay, worked closely across the various levels of planning activities that resulted in this Description, to survey emergency, behavioral health and supportive service providers to organize the inventory and to document each provider's respective role in the System. For presentation purpose, this Description document will focus primarily on those providers who are crucial to sustaining the Hillsborough County behavioral health safety net. In general terms, that means those providers who are legally accountable to provide emergency services, those contracted and funded through state and local resources, and participating as vendors in government operated health care plans. However, it is clear that this community needs, respects and values the many specialty and private providers who participated in the survey, and in the planning process, in regards to their roles and contribution to the Designated Receiving System. Accordingly, their provider profiles are recognized and documented in Appendix 1 of the Plan (General Inventory of Providers). It is important to note, that beyond the contributions of the Crisis Center of Tampa Bay to this planning process, that organization has incorporated, and is committed to keeping the information current through 211, this community's primary source for information and referral.

By Service Category, the following narrative addresses the goals of each Category and identifies the safety net providers and programs in Hillsborough County that address those goals.

<u>Community Intervention.</u>
Community Interventions are accomplished through a variety of Programs for purpose of accessing, or availing the means to assist persons in receiving needed emergency, behavioral health and supportive service. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

A. The Crisis Center of Tampa Bay's 211 Crisis intervention and Information and Referral hot line (Gateway) represent the most readily available and accessible means for Hillsborough County citizens seeking help and those seeking assistance for others to become knowledgeable of, and establish linkages with, the full range of human services available in Hillsborough County. Qualified Specialists are available 24/7/365 to provide information and referrals on basic needs, relationship counseling, senior services, health and substance abuse issues, depression and suicide, parenting help, disaster assistance, legal affairs and financial support as well as specialized services for veterans, people who are mentally ill, homeless and people contemplating suicide. The National Clearinghouse for Alcohol and Drug Information (NCADI) utilizes Gateway as the statewide access point for information and referrals for callers in need of alcohol and/or drug treatment.

B. Law Enforcement Agencies (County and City), Crisis Intervention and Behavioral Resources Unit

The Hillsborough County Sheriff's Office (HCSO) in collaboration with community behavioral health providers and persons and families receiving services has implemented a Crisis Intervention Training (CIT) program. The program provides law enforcement based crisis intervention training for helping those individuals with behavioral health disorders. CIT works in partnership with those in behavioral health care to provide a system of services that is friendly to individuals with behavioral health disorders, family members, and the police officers. The CIT model includes 40 hours of training incorporating modules on: the Baker Act, Marchman Act, Transportation Plan, signs and symptoms of mental illness and substance abuse impairment, how to intervene with persons in behavioral health crisis, de-escalation skills, utilization of Mobile Response Teams, centralized transportation to Central Intake Unit, when to request transportation from the County's contracted transportation provider, person served and family viewpoints and interaction and other vital skills. HCSO has developed and instituted a Behavioral Resources Unit that is comprised of a Sergeant, Corporal, 2 Team Leads, 5 Behavioral Health Deputies, 5 Homeless Initiative Deputies and 6 Licensed Clinicians they are assigned to complete follow up's, assess individuals for Risk Protection Orders and attempt to divert citizens that are in need of services an alternative to a Baker Act or Marchman Act.

The Tampa Police Department and local community behavioral health providers collaborated to develop and instituted a Behavioral Health Unit within the Tampa Police Department. The unit is comprised of lieutenant that oversees the daily operation, a licensed behavioral health professional who is responsible for overseeing the clinical aspects of the unit, and four Crisis Intervention Response Teams. Each team is comprised of a sworn law enforcement officer and a licensed behavioral health professional. The teams are assigned follow-ups to complete on individuals that have been identified as high utilizers, assess individuals that are in crisis and attempt to divert individuals that are in crisis to an alternative rather than utilizing the Baker Act or Marchman Act. The unit also has a case manager embedded within each of the four major behavioral health providers. The case managers are dedicated resources exclusively handling cases referred from the Tampa Police Department. The unit will partner with service providers and government entities to better serve members of our community that experiencing a behavioral health crisis."

C. Mobile Response Teams

Referrals to Gracepoint's Mobile Team are initiated by community providers, law enforcement, individuals in the community, and the school system. The Mobile Response Team offers triage by phone and detailed evaluations onsite where the person is located be that in the community, or in their home, school or workplace. The population served includes children and adults in psychiatric crisis requiring emergency screening, evaluation, crisis intervention, or brief counseling. The team seeks to resolve issues quickly. Individuals may be voluntarily linked to behavioral health providers in the community, or involuntarily referred under the Baker Act to a Designated Receiving Facility. The Mobile Team works to provide a warm handoff and linkage with appropriate services and as desired by the patient for individuals not Baker Acted. As with any assessment the goal is the least restrictive placement and typically 70% to 80% of Mobile referrals result in a diversion from a Baker Act to a less restrictive warm handoff.

D. Juvenile Assessment Center

Agency for Community Treatment Services (ACTS) serves as the lead and host agency for the operation of the Hillsborough County Juvenile Assessment Center (JAC). The JAC serves the community as the 24 hour, single point of access for the processing of youth taken into custody by law enforcement for criminal offenses. The facility is staffed with Hillsborough County Sheriff's Office contracted G4S security staff for booking and processing, contracted DJJ Diversion/intake and Detention Screening units, and behavioral health personnel, including behavioral health technicians and health coaches. All youth presented to the facility are evaluated for any need for medical clearance prior to processing, including serious medical conditions, suicidal ideations or intoxication. Youth at medical risk are referred and transported to appropriate facilities for stabilization and treatment, and when cleared are returned to the JAC for processing. Upon entrance to the JAC, detention screening staff initiate an evaluation through the use of the DJJ Detention Risk Assessment Instrument (DRAI) to score the youth, based on the nature of their offense and their criminal history, to determine whether the youth is to be released to secure detention, supervised release or simply to parents or a responsible adult. Upon admission to the holding area, all youth are booked into the facility and photographed by assigned security officers. While in the facility, DJJ contracted personnel complete all the intake processes necessary to initiate the youth's delinquency case and to secure and record that information into the DJJ Information System, for case processing subsequent to the intake. All processed youth are offered voluntary assessment and intervention services (definition) for purposes of identifying and representing their services needs for consideration in future diversionary or court dispositions and sanctions. Specific assessments provided include urine drug screens, behavioral health assessments and health coach interventions for the identification of sexually transmitted diseases, particularly, the presence of HIV. Upon completion of all of the delinquency and assessment processes (definition), the youth are released to the appropriate party identified

through the DRAI evaluation. Packets are then prepared for distribution to the SAO for the determination of diversion or prosecution and to DJJ probation for follow-on case management. Diversion cases are followed by the contracted JAC probation staff. Those who are set for adjudication become the responsibility of DJJ probation staff. Family members, to whom the youth are directly released, are provided service recommendations derived through the process and, where possible, scheduled linkage to those services.

(Appendix 1 Provider Inventory identifies other Community Intervention programs available in Hillsborough County.)

Stabilization and Examination and Assessment.

Stabilization and examination and assessment services are accomplished through a variety of Programs that focus on the medical, behavioral and psychiatric stabilization of persons in acute distress. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

1. Hospital Emergency Rooms
   In 1986, Congress enacted the Emergency Medical Treatment & Labor Act (EMTALA) to ensure public access to emergency services regardless of ability to pay. Section 1867 of the Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with EMCs. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

   Section 395.1041, Florida Statute requires all hospitals offering emergency services to provide care to every person seeking emergency care regardless of the person's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services. Hospitals cannot refuse to accept a person with an emergency medical condition if the service is within that hospital's capability and capacity. Persons requiring care beyond the hospital's capability or capacity must be transferred to another facility that can provide the needed services. HB 61 amends Ch. 395.1041, F.S., to require a hospital with an emergency department to develop a best practices policy to reduce readmissions for unintentional drug overdoses by connecting patients who have experienced unintentional overdoses with substance abuse treatment services. The bill allows hospitals to determine what should be included in the policy.

   Emergency Room Service Providers. Brandon Regional Hospital 119 Oakfield Drive, Brandon, FL 33511; Florida Hospital 7171 N. Dale Mabry Highway, Tampa, FL 33614, 3100 E. Fletcher Avenue, Tampa, FL 33613; James A. Haley VA

Hospital 13000 Bruce B. Downs Boulevard, Tampa, FL 33612; Memorial – HCA Florida South Tampa Hospital 2901 Swann Avenue, Tampa, FL 33609; South Florida Baptist Hospital 301 N. Alexander Street, Plant City, FL 33563; St. Joseph's Hospital 3001 W. Martin Luther King Jr. Boulevard, Tampa, FL 33607, 3001 W. Martin Luther King Jr. Boulevard, Tampa, FL 33607; South Bay Hospital 4016 Sun City Center Blvd., Sun City Center, FL 33573; Tampa Community – HCA Florida West Tampa Hospital 6001 Webb Road, Tampa, FL 33615; Tampa General Hospital 1 Tampa General Circle, Tampa, FL 33606

2. <u>Designated Receiving Facilities (General</u>). In addition to the Central Receiving Facility, Hillsborough County hosts four hospital based Designated Receiving Facilities, Bay Care's St. Joseph's Hospital and Tampa Community – HCA Florida West Tampa Hospital. Patients whose physicians have admitting privileges to these hospitals, eligible persons voluntarily requesting services as a matter of preference and consumer choice, and those presented under involuntary conditions for medical clearance or examination get an *assessment* from a psychiatrist, psychiatric APRN, clinical psychologist, or a licensed mental health professional (LCSW, LMFT, or LMHC). All the Designated receiving facilities are required to be fully co-occurring capable, and any professional providing assessment has training and experience in diagnosing and treating both mental and substance use disorders. The initial assessment may be conducted on an outpatient basis. When appropriate, the Receiving Facility may divert the person from inpatient services through crisis counseling and/or linkage with less restrictive community-based services (e.g., supportive housing, detoxification, respite shelter, or home with appropriate outpatient treatment). Under statute, all Florida Department of Children and Families Designated Receiving Facilities must be equally capable of assessing both children and adults and must be competent in assessing both substance abuse and mental health disorders. When assessment indicates that the individual meets criteria for further inpatient stabilization, the *disposition* may be voluntary admission to a CSU, ARF or hospital inpatient unit, if competent to consent; or involuntary admission if the person refuses, or the qualified professional determines the individual lacks capacity to give informed consent. Only Gracepoint's Children's Crisis Stabilization Unit and St. Joseph's Hospital can provide immediate access to a children's inpatient unit within their facilities. When the public Addictions Receiving Facilities, and Crisis Stabilization Units reach licensed capacity, there is an agreement with the other Designated Receiving to transfer patients between facilities.

3. <u>Hillsborough County's Designated Central Receiving Facility</u>.
   The Central Receiving Facility, the model chosen for Hillsborough County, is a free standing facility located in Tampa at 2212 East Henry Avenue, Tampa, Florida 33610 on the Gracepoint campus. The Facility is linked by walkways to Gracepoint's 60 bed adult Crisis Stabilization Unit and ACTS 30 bed Adult Addictions Receiving Facility. The Program functions in accordance with the Central Receiving Facility model as described in Chapter 394 F.S.-" *A central*

receiving system that consists of a Designated Central Receiving Facility that serves as a single entry point for persons with mental health or substance use disorders, and co-occurring disorders. The central receiving facility shall be capable of assessment, examination, and triage for the stabilization and treatment of persons with mental health or substance use disorders, or co-occurring disorders."

Like all Designated Receiving Facilities, persons presented to the Central Receiving Facility are screened, evaluated, and triaged for needed services and care. Upon presentation to the Central Receiving Facility, Staff first complete an initial medical screening according to the Facility's admission and exclusion criteria to ensure that the person's condition is within the Facility's safe management capability. Any out of range measures are reported to medical staff who make the determination whether or not to arrange for triaging to a hospital for medical clearance before admitting the person into the Facility.

The processing protocol, besides the initial medical assessment, includes: a determination of the person's ability to consent to treatment; an orientation to the rights of persons served; a nursing assessment (in consultation with Medical staff when necessary); a psychosocial assessment; and, the collection of collateral information from relevant and related parties; Based on the outcomes of these assessment, the care manager initiates a staffing with a supervisor to determine dispositional outcome and the appropriate level of care. When indicated, and in accordance with the legal status of the person (Baker Act or Marchman Act), consultation may be requested of other qualified professionals, and/or a physician for physical and psychiatric examination. The intent of the protocol is that it be applied thoroughly and consistently, and that the primary purpose be to determine the most appropriate placement for the person consistent with their needs and condition. The disposition may include: direct admission to the Crisis Stabilization Unit, Addictions Receiving Facility, or a secondary transport to another Designated Receiving Facility or free standing inpatient unit; linkage to the Central Receiving Facility's Care Coordination for follow-up care; engagement in the Hillsborough County sponsored community based jail diversion program; or, referral and linkage to outpatient detoxification, medication assisted therapies, outpatient medication and treatment services; and other supportive and rehabilitative services (definition) in the community.

The Central Receiving Facility plays a central role in the Designated Receiving System in Hillsborough County through its mission to receive, examine/assess and triage all adults presented in behavioral health crisis. In that regard, the Facility serves to address and support the unique expectations and challenges of each of the five aforementioned Pathways to care as described on page 10, specifically:

A. Voluntary.

The voluntary process is initiated at the request of a consumer. The initial responsibility of the Receiving Facility staff is to assess the competency to

consent to treatment. If so determined, the person undergoes the examinations as outlined in the Central Receiving facility processes described above. If the immediate needs of the person, such as the provision of medications, can be addressed through the assessment process, the person is released with a referral to follow-up with specific services. If the person is found to meet inpatient criteria, that person may be admitted to the Crisis Stabilization Unit or Addiction Receiving Facility for care.

B. Involuntary (Non-Court).

a. Persons who present to the Central Receiving Facility with law enforcement BA-52 or Protective Custody referral forms are registered into the unit and undergo the Facility's complete examination and assessment protocol. For such law enforcement initiated referrals, the Central Receiving Facility, or the Addictions Receiving facility of crisis Stabilization Unit for those admitted, will release persons once they are stabilized and no longer meet criteria, with referrals for follow-up services. However, those persons who meet criteria for involuntary treatment services may be subject to the filing of an involuntary service or treatment petition with the court at the initiation of the Administrator of the Receiving Facility.

b. Individuals who are referred from the community by authorized community professionals, enter the Unit under the authorization provided through a Professional Certificate. Those persons who are determined not to meet involuntary admission criteria are released with scheduled aftercare appointments and referral recommendations. Those that meet criteria are admitted to the Crisis Stabilization Unit or Addictions Receiving Facility as determined through the assessment. Those admitted under Professional Certificates who no longer meet involuntary criteria are likewise released after stabilization. In the case of persons under the Professional Certificate, the results of the initial assessment (and stabilization period if admitted) may be communicated to the referring professional when requested, and with the person's signed release of information. Those who continue to meet admission criteria and are deemed to meet the criteria for involuntary services and treatment may be subject to the filing of an involuntary service or treatment petition with the court. That petition can be initiated by the referring professional or the administrator of the Receiving Facility.

C. Involuntary (Court Ordered Examination or Assessment).

Those Persons who arrive with a Court order for involuntary examination or assessment under the authority of an Exparte Order undergo the Central Receiving Facility's examination and assessment protocol. Those persons who are determined not to meet involuntary admission criteria are released with a scheduled appointment for follow-up services and offered referral recommendations. A report on the outcome of the examination or assessment is reported back to the Court. Those that meet criteria are admitted to the Crisis Stabilization Unit or Addictions Receiving Facility as determined through the

assessment process. Those achieving stabilization in the Crisis Stabilization or Addictions Receiving Facility Unit are released with follow-up appointments or referral recommendations. Those who continue to meet admission criteria and are deemed to meet the criteria for involuntary services and treatment may be subject to the filing of an involuntary service or treatment petition with the court. That petition can be initiated by the original petitioner for substance abuse or by the administrator of the Receiving Facility for either substance abuse or mental health.

D. Involuntary Treatment.
Mental health consumers for whom an involuntary service treatment petition has been filed with the court remain in the Crisis Stabilization Unit or Addictions Receiving Facility until the petition is heard and a determination is made. Substance abuse consumers for whom a petition has been filed may remain on the unit until the petition is heard or, if sufficiently stabilized, may be released with a scheduled date for the hearing in the courtroom.

E. Referrals.
   a. Individuals who meet involuntary criteria who are believed to have committed a crime may be processed through the Central Receiving Facility for assessment and admission to the Crisis Stabilization Unit or Addictions Receiving Facility. Individuals for whom law enforcement officers, at their discretion, agree to community-based diversion from booking and incarceration, are processed as normal protective custody referrals with the expectation that the Receiving Facility staff (if the person is to be released) or the staff of the Crisis Stabilization Unit or Addictions Receiving Facility (if admitted) will attempt to motivate the individual to participate in the Hillsborough County Mental Health Case Management Diversion Program. When successful, diversion program staff are notified and scheduled to meet and engage the patient on the unit prior to discharge.
   b. Persons from the streets, identified in jail or who have been or will be arrested and booked into jail for a crime will likewise undergo the assessment protocol and either be released back to law enforcement at the completion of the assessment, or admitted to the Crisis Stabilization Unit or Addictions Receiving Facility for stabilization. Once sufficiently stabilized, law enforcement is notified and the person is released to the custody of an officer for further legal processing.

(A Provider Inventory identifies other Stabilization, Examination, and Assessment programs available in Hillsborough County.

Clinical Treatment.
Clinical Treatment is accomplished through a variety of Programs for purpose of providing behavioral therapies and psychopharmacological interventions that focus on ameliorating behavioral health symptoms and addressing the behavioral health conditions that impede

individual functioning. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

A. Hospital Psychiatric Inpatient Units
B. Residential Treatment Programs
C. Outpatient Clinics
D. Integrated Health and Behavioral Health Primary Care Clinics
E. Florida Assertive Community Treatment Teams (FACT)
F. Medication assisted Therapy Clinics
G. Clinical Case Management
H. Recovery Support
I. Community Action Teams (CAT)

(Appendix 1 Provider Inventory identifies Clinical Treatment programs available in Hillsborough County.)

Psychosocial Rehabilitation.

Psychosocial rehabilitation is accomplished through a variety of Programs designed to achieve and restore individual's optimal functioning in the community and to sustain recovery. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

A. Permanent Supportive Housing
B. Clubhouses
C. Vocational Rehabilitation and Training
D. Supported Employment
E. Targeted Case Management both adult and child
F. Outpatient In-Home Therapy

(Attachment A Provider Inventory identifies Psychosocial Rehabilitation programs available in Hillsborough County.)

Supportive Services.

Supportive services are accomplished through a variety of Programs that provide those ancillary services (definition) necessary to support individual recovery. The most notable Programs that constitute the Hillsborough County Designated Receiving System's safety net behavioral health responses in this Category include:

A. SSI/SSDI, Outreach, Access and Recovery (SOAR) Case Management
B. Entitlement Eligibility and Processing
C. Emergency Financial Assistance
D. Homeless Day Shelter
E. Temporary Shelter
F. Bridge and Transitional Housing
G. Food assistance
H. Transportation Assistance

   TransCare Medical Transportation Services (TransCare) provides basic life

support services in the City of Tampa and unincorporated Hillsborough County; countywide psychiatric transports to/from all area hospitals; inter-facility transports to medical providers including hospitals, nursing homes, and stand-by service for special events. An innovative social enterprise, TransCare provides more than 38,000 emergency transports each year, which in turn generates financial resources to support the charitable needs of the Crisis Center and contributes to the agency's sustainability. The division includes 100 licensed Emergency Medical Technicians (EMT) and Paramedics, and maintains 21 vehicles that are available 24 hours a day, 7 days a week. TransCare EMTs and Paramedics are licensed by the State of Florida and must complete the Crisis Center's Core Training curriculum that includes Trauma Informed Care (definition), Psychological First Aid and Mental Health First Aid. TransCare connects individuals in a medical emergency with the Gateway and Corbett as appropriate.

(Appendix 1 Provider Inventory identifies Supportive Services programs available in Hillsborough County.)

Care Coordination

1. In General.

   The ultimate goal of care coordination is to enable persons with behavioral health disorders to live successfully in their communities. Essential to Care Coordination is the recognition that services are often provided to persons across professions and across organizations. Care Coordination means that planning for services, beyond the behavioral health interventions, includes engagement in necessary social supports such as health care, assistance with entitlements, housing, life skills training, vocational education, employment assistance, peer support, etc. The practice of Care Coordination requires clearly defined roles and responsibilities for all parties involved and incorporates clear consents and methods for gathering and sharing information that promote the inclusion of persons served in their service planning and fosters collaboration among care providers.

2. Central Receiving Facility Care Coordination Unit.

   The Hillsborough County Central Receiving Facility hosts a Care Coordination Team (CCT) for persons identified as High Need/High Utilizers (Definitions Appendix 4). That Care Coordination unit is comprised of three Care Coordinators at Gracepoint.

   When a person is presented to the Central Receiving Facility and enrolled in the information system, if that person meets the definition of High Need/High Utilizer, (HN/HU), that record is flagged and an alert goes out to CCT members that there is a HN/HU on the unit. It is the responsibility of the CCT members to reach into the CRF or subsequently, if admitted, into the CSU in an effort to engage that

person in continuing care services. Any team member can initiate the initial contact. The team member who initiates that initial contact, if the person is amenable to continuing care services, is responsible to use information provided by the person, and information collected through the assessment process, to include other team members with needed expertise to participate in discharge planning. A unique service plan that identifies the team members to be involved is developed and the team members assigned follow the person into the community. To monitor progress and adjust service plans, all HN/HU persons receiving services from the Team are staffed weekly until such time as they stabilize and are no longer in need CCT services. CFBHN funds several care coordination positions around the system of care and coordinate with all local providers.

3. State Hospitals

State hospital admissions are initiated through the filing of a petition by the administrator of a Designated Receiving Facility. The petition is a formalized document placed in the e-file system, 24 hours a day, 7 days, by a clerk assigned defender who sets the hearing within 5 days. Cut off times are determined for each hospital. These times determine what hearing date the clerk will set and a docket is distributed. Public defender staff meets the day before every hearing, reports back to court, with a magistrate present on hearing day. Every hospital has a magistrate for Baker Act. The magistrate makes recommendation to the Circuit Judge. Probate guardian mental health judge or designee can request a guardian be appointed at petition. It is required if incompetent. Involuntary hearings are conducted at one of three Designated Receiving Facility sites- St. Joseph's, Tampa Community - HCA Florida West Tampa Hospital, and Gracepoint. DCF and CFBHN have care management roles affecting state hospital placements. To fulfill those roles they contract with Gracepoint for a state hospital liaison, who routinely goes to each facility, reviews the charts, and agrees to whether the person meets criteria. The liaison further ensures that there is a plan for person's return to the community. The liaison provides the care coordination and participates in discharge planning.

System- Based, Continuous Quality Improvement

Continuous Quality Improvement Process

The Acute Care Committee that includes representatives from all law enforcement agencies, TransCare the Hillsborough County-funded transportation provider, the receiving facilities, hospitals, community mental health service providers, community substance use providers, the VA, and funders meets monthly to monitor and analyze data that will help to ensure the efficiency and effectiveness of the acute behavioral health system of care. Additionally, it evaluates the Transportation Plan to determine whether there has been an improvement in the acute care system since the implementation and to address issues as they arise.

Community Goals for the Designated Receiving System

Goal 1. Establish a forum of core provider stakeholders (Designated Receiving Facilities, Inpatient Facilities and entities Care Coordination providers) through the Central Receiving Facility (CRF) administration to establish and manage an interagency, Continuous Quality Improvement process towards the overall betterment of the System.

Rationale: Stakeholders identified the need to establish a process of identifying, describing and analyzing strengths and problems, implementing, learning from and revising solutions. The process will monitor service quality and customer satisfaction using valid data and research-proven methods and encourage effective feedback process that promotes trust and ongoing learning. Ultimately, the continuous quality improvement approach will define measures, collect quality data and analyze it effectively to determine whether efforts are moving toward the desired change.

Goal 2. Create the opportunity for providers of services to children, including the Child Welfare Community Based Care Organization and the Department of Juvenile Justice to focus on Care Coordination across providers and systems towards a Coordinated System of Care for children.

Rationale: Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present. In addition, people with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness. Data have shown that early intervention following the first episode of a serious mental illness can make an impact. Coordinated, specialized services offered during or shortly after the first episode of psychosis are effective for improving clinical and functional outcomes.

Goal 3. Sustain the core programming and infrastructure reflected in this Plan that comprise Hillsborough County's Designated Receiving System.

Rationale: As recognized throughout the planning process, the Designated Receiving System is comprised of numerous pieces, many of which are dependent on others. In that regard the system is fragile and losses anywhere in capacity or quality of the System's responses would be detrimental to the overall functioning of the System. High quality implementation is more likely to occur when core program components, as articulated in this Plan, are systematically recognized for their contributions and protected from erosion.

Appendix 1: Inventory of Services

Service Category: Community Intervention							
Agency/Organization	**Program Provided**	**Service Subcategory**	**Available to General Public Y/N**	**Child Y/N**	**Adult Y/N**	**Mental Health Y/N**	**Substance Use Y/N**
Crisis Center of Tampa Bay	Youth in Transition	Information and Referral	N	Y	Y	Y	Y
Crisis Center of Tampa Bay	211 Contact Center 24/7	Information and Referral	Y	Y	Y	Y	Y
Crisis Center of Tampa Bay	Florida Veterans Support Line (Peer Support)	Information and Referral	N	Y	Y	Y	Y
Cove Behavioral Health, Inc.	Health Services	Outreach Program	Y	Y	Y	N	Y
Gracepoint	Network Project	Outreach Program	Y	N	Y	Y	Y
Agency for Community Treatment Services	ACTS Juvenile Assessment Center	Central Receiving Facility- Triage	N	Y	N	Y	Y
Agency for Community Treatment Services	ACTS Amethyst Respite Center	Shelter/ Respite	Y	N	Y	Y	Y
Cove Behavioral Health, Inc.	Community Housing Solutions Center	Shelter/ Respite	Y	N	Y	Y	Y
Gulf Coast Jewish Family and Community Services	Intervention Services	Intervention and Referral	Y	N	Y	Y	Y
Agency for Community Treatment Services	Marchman Act Central Receiving	Intervention and Referral	N	N	Y	Y	Y
AMIkids Tampa	AMIkids Tampa	Intervention and Referral	N	Y	N	Y	N
Cove Behavioral Health, Inc.	Family Intervention Services	Intervention and Referral	N	N	Y	Y	Y
Gracepoint	Care Coordination Team	Intervention and Referral	N	N	Y	Y	Y
Gracepoint	Forensic Impact Team	Intervention and Referral	N	N	Y	Y	Y
Gracepoint	Community Action Team	Intervention and Referral	N	Y	N	Y	N

Gracepoint	Case Management	Intervention and Referral	N	N	Y	Y	N
Hillsborough County BOCC	CINS/FINS Non-residential Program	Intervention and Referral	N	Y	N	Y	Y
Bay Area Youth Services	Juvenile Diversion Alternative Program	Delinquency Diversion	N	Y	N	Y	Y
Northside Behavioral Health Center	End of Sentencing (EOS) Short term case management	Jail Diversion	N	N	Y	Y	Y
Agency for Community Treatment Services	ACTS Pre Booking Jail Diversion	Jail Diversion	N	N	Y	Y	Y
Computer Mentors Group	Teen Tech Program	Information Tech Skills Training	Y	Y	N	N	N
Mental Health Resource Center	Florida Assertive Community Treatment	FACT	Y	N	Y	Y	N
Gulf Coast Jewish Family and Community Services	Elder Education	Prevention	N	N	Y	N	N
Cove Behavioral Health, Inc.	Substance Use Prevention	Prevention	Y	Y	Y	Y	Y
Crisis Center of Tampa Bay	Corbett Trauma Center- Sexual Assault Services Nurse Examiner Program	Sexual Assault and Abuse Exams	Y	Y	Y	Y	Y
Redlands Christian Migrant Association	Migrant and Seasonal Head Start	Early Childhood and Family Development	N	Y	Y	Y	Y
Gracepoint	Mobile Response Team	Crisis Services Mobile Team	Y	Y	Y	Y	Y
Gracepoint	Family Net Diversion Program	Child Welfare Division	N	Y	N	N	N

Service Category: Emergency Stabilization							
Agency/Organization	**Program Provided**	**Service Subcategory**	**Available to General Public Y/N**	**Child Y/N**	**Adult Y/N**	**Mental Health Y/N**	**Substance Use Y/N**
Northside Behavioral Health Center	Crisis Stabilization Unit- Northside Behavioral Health Category	Crisis Stabilization Unit	N	N	Y	Y	N
Gracepoint	Children's Crisis Stabilization Unit	Crisis Stabilization Unit	Y	Y	N	Y	Y
Gracepoint	Adult Crisis Stabilization Unit	Crisis Stabilization Unit	Y	N	Y	Y	Y
Gracepoint	Adult Central Receiving Facility	Crisis Stabilization Unit	Y	N	Y	Y	Y
Agency for Community Treatment Services	ACTS Adult Addictions Receiving Facility	Residential Detox	Y	N	Y	Y	Y
Agency for Community Treatment Services	ACTS Juvenile Addictions Receiving Facility	Residential Detox	Y	Y	N	Y	Y
Agency for Community Treatment Services	ACTS Adult Outpatient Detoxification	Ambulatory Detox	Y	N	Y	Y	Y
St. Joseph's Behavioral Health Center	St. Joseph's Behavioral Health Center	Hospital Designated Receiving Facility	Y	Y	Y	Y	Y
Tampa Community – HCA Florida West Tampa Hospital	Behavioral Health Center	Hospital Designated Receiving Facility	Y	N	Y	Y	N

Service Category: Treatment							
Agency/Organization	**Program Provided**	**Service Subcategory**	**Available to General Public Y/N**	**Child Y/N**	**Adult Y/N**	**Mental Health Y/N**	**Substance Abuse Y/N**
Tampa Family Health Center	Integrated Behavioral Health and Primary Care	Integrated Behavioral Health/ Medical Clinic	N	Y	Y	Y	N
Agency for Community Treatment Services	ACTS Integrated Care at Tampa Family Health Centers	Integrated Behavioral Health/ Medical Clinic	Y	N	Y	Y	Y
Northside Behavioral Health Center	Northside Behavioral Health Outpatient Services	Outpatient Clinic	Y	Y	Y	Y	Y
Tampa Jewish Family Services	Psychological and Educational Assessment Services	Outpatient Clinic	Y	Y	Y	Y	N
Tampa Jewish Family Services	Psychotherapy Services	Outpatient Clinic	Y	Y	Y	Y	N
Tampa Crossroads, Inc.	Nonresidential Services	Outpatient Clinic	Y	N	Y	Y	Y
Agency for Community Treatment Services	ACTS Adult Outpatient	Outpatient Clinic	Y	N	Y	Y	Y
Agency for Community Treatment Services	ACTS Youth Outpatient	Outpatient Clinic	N	Y	N	Y	Y
Crisis Center of Tampa Bay	Corbett Trauma Center Therapy	Outpatient Clinic	Y	Y	Y	Y	N
Cove Behavioral Health, Inc.	Opioid Addiction Treatment Services - Tampa	Outpatient Clinic	Y	N	Y	Y	Y
Cove Behavioral Health, Inc.	Tampa Outpatient Treatment	Outpatient Clinic	Y	N	Y	Y	Y
Cove Behavioral Health, Inc.	Drug Court Pretrial Intervention Outpatient	Outpatient Clinic	N	N	Y	Y	Y
Cove Behavioral Health, Inc.	Adolescent Outpatient Treatment	Outpatient Clinic	Y	Y	N	Y	Y
Cove Behavioral Health, Inc.	Women's Outpatient Services	Outpatient Clinic	Y	N	Y	Y	Y
Cove Behavioral Health, Inc.	Family Intensive Team	Outpatient Clinic	N	N	Y	Y	N

Cove Behavioral Health, Inc.	Opioid Addiction Treatment Services - Lakeland	Outpatient Clinic	Y	N	Y	Y	Y
Cove Behavioral Health, Inc.	Zero Exposure Program	Outpatient Clinic	Y	N	Y	Y	Y
Cove Behavioral Health, Inc.	Outpatient Services - Lakeland	Outpatient Clinic	Y	Y	Y	Y	Y
Gracepoint	Adult Outpatient	Outpatient Clinic	Y	N	Y	Y	Y
Gracepoint	Children's Outpatient Services	Outpatient Clinic	Y	Y	N	Y	N
Gracepoint	Gracepoint Healthcare Integrated Behavioral Health and Primary Care	Integrated Behavioral Health/Medical Clinic	Y	Y- 14 years old and up	Y	Y	Y
Tampa Community – HCA Florida West Tampa Hospital	The Oasis- Intensive Outpatient Program	Outpatient Clinic	?	N	Y	N	Y
Agency for Community Treatment Services	ACTS VA Level IV Residential	Residential Treatment	N	N	Y	Y	Y
Agency for Community Treatment Services	ACTS Keystone Level II Residential Program	Residential Treatment	N	N	Y	Y	Y
Cove Behavioral Health, Inc.	Residential Program Services – Men/Women	Residential Treatment	Y	N	Y	Y	Y
Cove Behavioral Health, Inc.	Family Treatment Service	Residential Treatment	Y	N	Y	Y	Y
Northside Behavioral Health Center	Residential Program - Northside Supervised Apartments	Residential Treatment	N	N	Y	Y	Y
Tampa Crossroads, Inc.	Rose Manor for Women	Residential Treatment	Y	N	Y	Y	Y

Appendix 2:
Patient Rights

Appendix 2

Hillsborough County Designated Receiving Facility Plan Patient Rights (Abridged)

MENTAL HEALTH

394.459 Rights of patients.-

(1) RIGHT TO INDIVIDUAL DIGNITY.-It is the policy of this state that the individual dignity of the patient shall be respected at all times and upon all occasions, including any occasion when the patient is taken into custody, held, or transported. Procedures, facilities, vehicles, and restraining devices utilized for criminals or those accused of crime shall not be used in connection with persons who have a mental illness, except for the protection of the patient or others. Persons who have a mental illness but who are not charged with a criminal offense shall not be detained or incarcerated in the jails of this state. A person who is receiving treatment for mental illness shall not be deprived of any constitutional rights. However, if such a person is adjudicated incapacitated, his or her rights may be limited to the same extent the rights of any incapacitated person are limited by law.

(2) RIGHT TO TREATMENT.-

(a) A person shall not be denied treatment for mental illness and services shall not be delayed at a receiving or treatment facility because of inability to pay. However, every reasonable effort to collect appropriate reimbursement for the cost of providing mental health services to persons able to pay for services, including insurance or third-party payments, shall be made by facilities providing services pursuant to this part.

(b) It is further the policy of the state that the least restrictive appropriate available treatment be utilized based on the individual needs and best interests of the patient and consistent with optimum improvement of the patient's condition.

(c) Each person who remains at a receiving or treatment facility for more than 12 hours shall be given a physical examination by a health practitioner authorized by law to give such examinations, within 24 hours after arrival at such facility.

(d) Every patient in a facility shall be afforded the opportunity to participate in activities designed to enhance self-image and the beneficial effects of other treatments, as determined by the facility.

(e) Not more than 5 days after admission to a facility, each patient shall have and receive an individualized treatment plan in writing which the patient has had an opportunity

to assist in preparing and to review prior to its implementation. The plan shall include a space for the patient's comments.

(3) RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT.

(a) 1. Each patient entering treatment shall be asked to give express and informed consent for admission or treatment. If the patient has been adjudicated incapacitated or found to be incompetent to consent to treatment, express and informed consent to treatment shall be sought instead from the patient's guardian or guardian advocate. If the patient is a minor, express and informed consent for admission or treatment shall also be requested from the patient's guardian. Express and informed consent for admission or treatment of a patient under 18 years of age shall be required from the patient's guardian, unless the minor is seeking outpatient crisis intervention services under s. 394.4784. Express and informed consent for admission or treatment given by a patient who is under 18 years of age shall not be a condition of admission when the patient's guardian gives express and informed consent for the patient's admission pursuant to s. 394.463 ors. 394.467.

2. Before giving express and informed consent, the following information shall be provided and explained in plain language to the patient, or to the patient's guardian if the patient is 18 years of age or older and has been adjudicated incapacitated, or to the patient's guardian advocate if the patient has been found to be incompetent to consent to treatment, or to both the patient and the guardian if the patient is a minor: the reason for admission or treatment; the proposed treatment; the purpose of the treatment to be provided; the common risks, benefits, and side effects thereof; the specific dosage range for the medication, when applicable; alternative treatment modalities; the approximate length of care; the potential effects of stopping treatment; how treatment will be monitored; and that any consent given for treatment may be revoked orally or in writing before or during the treatment period by the patient or by a person who is legally authorized to make health care decisions on behalf of the patient.

(b) In the case of medical procedures requiring the use of a general anesthetic or electroconvulsive treatment, and prior to performing the procedure, express and informed consent shall be obtained from the patient if the patient is legally competent, from the guardian of a minor patient, from the guardian of a patient who has been adjudicated incapacitated, or from the guardian advocate of the patient if the guardian advocate has been given express court authority to consent to medical procedures or electroconvulsive treatment as provided under s. 394.4598.

(c) When the department is the legal guardian of a patient, or is the custodian of a patient whose physician is unwilling to perform a medical procedure, including an electroconvulsive treatment, based solely on the patient's consent and whose guardian or guardian advocate is unknown or unlocatable, the court shall hold a hearing to determine the medical necessity of the medical procedure. The patient shall be physically present, unless the patient's medical condition precludes such presence, represented by counsel, and provided the right and opportunity to be confronted with, and to cross-examine, all witnesses alleging the medical necessity of such procedure. In such proceedings, the burden of proof by clear and convincing evidence shall be on the party alleging the medical necessity of the procedure.

(d) The administrator of a receiving or treatment facility may, upon the recommendation of the patient's attending physician, authorize emergency medical treatment, including a surgical procedure, if such treatment is deemed lifesaving, or if the situation threatens serious bodily harm to the patient, and permission of the patient or the patient's guardian or guardian advocate cannot be obtained.

(4) QUALITY OF TREATMENT.-

(a) Each patient shall receive services, including, for a patient placed under s. 394.4655, those services included in the court order which are suited to his or her needs, and which shall be administered skillfully, safely, and humanely with full respect for the patient's dignity and personal integrity. Each patient shall receive such medical, vocational, social, educational, and rehabilitative services as his or her condition requires in order to live successfully in the community. In order to achieve this goal, the department is directed to coordinate its mental health programs with all other programs of the department and other state agencies.

(b) Facilities shall develop and maintain, in a form accessible to and readily understandable by patients and consistent with rules adopted by the department, the following:

1. Criteria, procedures, and required staff training for any use of close or elevated levels of supervision, of restraint, seclusion, or isolation, or of emergency treatment orders, and for the use of bodily control and physical management techniques.

2. Procedures for documenting, monitoring, and requiring clinical review of all uses of the procedures described in subparagraph 1. and for documenting and requiring review of any incidents resulting in injury to patients.

3. A system for investigating, tracking, managing, and responding to complaints by persons receiving services or individuals acting on their behalf.

(c) A facility may not use seclusion or restraint for punishment, to compensate for inadequate staffing, or for the convenience of staff. Facilities shall ensure that all staff are made aware of these restrictions on the use of seclusion and restraint and shall make and maintain records which demonstrate that this information has been conveyed to individual staff members.

(5) COMMUNICATION, ABUSE REPORTING, AND VISITS.-

(a) Each person receiving services in a facility providing mental health services under this part has the right to communicate freely and privately with persons outside the facility unless it is determined that such communication is likely to be harmful to the person or others. Each facility shall make available as soon as reasonably possible to persons receiving services a telephone that allows for free local calls and access to a long-distance service. A facility is not required to pay the costs of a patient's long-distance calls. The telephone shall be readily accessible to the patient and shall be placed so that the patient may use it to communicate privately and confidentially. The facility may establish reasonable rules for the use of this telephone, provided that the rules do not interfere with a patient's access to a telephone to report abuse pursuant to paragraph (e).

(b) Each patient admitted to a facility under the provisions of this part shall be allowed to receive, send, and mail sealed, unopened correspondence; and no patient's incoming or outgoing correspondence shall be opened, delayed, held, or censored by the facility unless there is reason to believe that it contains items or substances which may be harmful to the patient or others, in which case the administrator may direct reasonable examination of such mail and may regulate the disposition of such items or substances.

(c) Each facility must permit immediate access to any patient, subject to the patient's right to deny or withdraw consent at any time, by the patient's family members, guardian, guardian advocate, representative, Florida statewide or local advocacy council, or attorney, unless such access would be detrimental to the patient. If a patient's right to communicate or to receive visitors is restricted by the facility, written notice of such restriction and the reasons for the restriction shall be served on the patient, the patient's attorney, and the patient's guardian, guardian advocate, or representative; and such restriction shall be recorded on the patient's clinical record with the reasons therefor. The restriction of a patient's right to communicate or to receive visitors shall be reviewed at least every 7 days. The right to communicate or receive visitors shall not be restricted as a means of punishment. Nothing in this paragraph shall be construed to limit the provisions of paragraph (d).

(d) Each facility shall establish reasonable rules governing visitors, visiting hours, and the use of telephones by patients in the least restrictive possible manner. Patients shall have the right to contact and to receive communication from their attorneys at any reasonable time.

(e) Each patient receiving mental health treatment in any facility shall have ready access to a telephone in order to report an alleged abuse. The facility staff shall orally and in writing inform each patient of the procedure for reporting abuse and shall make every reasonable effort to present the information in a language the patient understands. A written copy of that procedure, including the telephone number of the central abuse hotline and reporting forms, shall be posted in plain view.

(f) The department shall adopt rules providing a procedure for reporting abuse. Facility staff shall be required, as a condition of employment, to become familiar with the requirements and procedures for the reporting of abuse.

(6) CARE AND CUSTODY OF PERSONAL EFFECTS OF PATIENTS.-A patient's right to the possession of his or her clothing and personal effects shall be respected. The facility may take temporary custody of such effects when required for medical and safety reasons. A patient's clothing and personal effects shall be inventoried upon their removal into temporary custody. Copies of this inventory shall be given to the patient and to the patient's guardian, guardian advocate, or representative and shall be recorded in the patient's clinical record. This inventory may be amended upon the request of the patient or the patient's guardian, guardian advocate, or representative. The inventory and any amendments to it must be witnessed by two members of the facility staff and by the patient, if able. All of a patient's clothing and personal effects held by the facility shall be returned to the patient immediately upon the discharge or transfer of the patient from the facility, unless such return would be detrimental to the patient. If personal effects are not returned to the patient, the reason must be documented in the clinical record along with the disposition of the clothing and personal effects, which may be given instead to the patient's guardian, guardian advocate, or representative. As soon as practicable after an emergency transfer of a patient, the patient's clothing and personal effects shall be transferred to the patient's new location, together with a copy of the inventory and any amendments, unless an alternate plan is approved by the patient, if able, and by the patient's guardian, guardian advocate, or representative.

(7) VOTING IN PUBLIC ELECTIONS.-A patient who is eligible to vote according to the laws of the state has the right to vote in the primary and general elections. The department shall establish rules to enable patients to obtain voter registration forms, applications for vote-by-mail ballots, and vote-by-mail ballots.

(8) HABEAS CORPUS.-

(a) At any time, and without notice, a person held in a receiving or treatment facility, or a relative, friend, guardian, guardian advocate, representative, or attorney, or the department, on behalf of such person, may petition for a writ of habeas corpus to question the cause and legality of such detention and request that the court order a return to the writ in accordance with chapter 79. Each patient held in a facility shall receive a written notice of the right to petition for a writ of habeas corpus.

(b) At any time, and without notice, a person who is a patient in a receiving or treatment facility, or a relative, friend, guardian, guardian advocate, representative, or attorney, or the department, on behalf of such person, may file a petition in the circuit court in the county where the patient is being held alleging that the patient is being unjustly denied a right or privilege granted herein or that a procedure authorized herein is being abused. Upon the filing of such a petition, the court shall have the authority to conduct a judicial inquiry and to issue any order needed to correct an abuse of the provisions of this part.

(c) The administrator of any receiving or treatment facility receiving a petition under this subsection shall file the petition with the clerk of the court on the next court working day.

(d) No fee shall be charged for the filing of a petition under this subsection.

(9) VIOLATIONS.-The department shall rep01i to the Agency for Health Care Administration any violation of the rights or privileges of patients, or of any procedures provided under this part, by any facility or professional licensed or regulated by the agency. The agency is authorized to impose any sanction authorized for violation of this part, based solely on the investigation and findings of the department.

(10) LIABILITY FOR VIOLATIONS.-Any person who violates or abuses any rights or privileges of patients provided by this part is liable for damages as determined by law. Any person who acts in good faith in compliance with the provisions of this part is immune from civil or criminal liability for his or her actions in connection with the admission, diagnosis, treatment, or discharge of a patient to or from a facility. However, this section does not relieve any person from liability if such person commits negligence.

(11) RIGHT TOP ARTICIPATE IN TREATMENT AND DISCHARGE PLANNING.-The patient shall have the opportunity to participate in treatment and discharge planning and shall be notified in writing of his or her right, upon discharge from the facility, to seek treatment from the professional or agency of the patient's choice.

(12) POSTING OF NOTICE OF RIGHTS OF PATIENTS.-Each facility shall post a notice listing and describing, in the language and terminology that the persons to whom the notice is addressed can understand, the rights provided in this section. This notice shall

include a statement that provisions of the federal Americans with Disabilities Act apply and the name and telephone number of a person to contact for further information. This notice shall be posted in a place readily accessible to patients and in a format easily seen by patients. This notice shall include the telephone numbers of the Florida local advocacy council and Advocacy Center for Persons with Disabilities, Inc.

SUBSTANCE ABUSE

397.501 Rights of individuals.-Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(1) RIGHT TO INDNIDUAL DIGNITY.-The dignity of the individual served must be respected at all times and upon all occasions, including any occasion when the individual is admitted, retained, or transported. Individuals served who are not accused of a crime or delinquent act may not be detained or incarcerated in jails, detention centers, or training schools of the state, except for purposes of protective custody in strict accordance with this chapter. An individual may not be deprived of any constitutional right.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.-

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician access to substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

(b) Each individual in treatment must be afforded the opportunity to participate in the formulation and periodic review of his or her individualized treatment or service plan to the extent of his or her ability to so participate.

(c) It is the policy of the state to use the least restrictive and most appropriate services available, based on the needs and the best interests of the individual and consistent with optimum care of the individual.

(d) Each individual must be afforded the opportunity to participate in activities designed to enhance self-image.

(3) RIGHT TO QUALITY SERVICES.-

(a) Each individual must be delivered services suited to his or her needs, administered skillfully, safely, humanely, with full respect for his or her dignity and personal integrity, and in accordance with all statutory and regulatory requirements.

(b) These services must include the use of methods and techniques to control aggressive behavior that poses an immediate threat to the individual or to other persons. Such methods and techniques include the use of restraints, the use of seclusion, the use of time-out, and other behavior management techniques. When authorized, these methods and techniques may be applied only by persons who are employed by service providers and trained in the application and use of these methods and techniques. The department must specify by rule the methods that may be used and the techniques that may be applied by service providers to control aggressive behavior and must specify by rule the physical facility requirements for seclusion rooms, including dimensions, safety features, methods of observation, and contents.

(4) RIGHT TO COMMUNICATION.-

(a) Each individual has the right to communicate freely and privately with other persons within the limitations imposed by service provider policy.

(b) Because the delivery of services can only be effective in a substance abuse free environment, close supervision of each individual's communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of individuals, staff, and the community. It is the duty of the service provider to inform the individual and his or her family if the family is involved at the time of admission about the provider's rules relating to communications and correspondence.

(5) RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS.-An individual has the right to possess clothing and other personal effects. The service provider may take temporary custody of the individual's personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in the individual's clinical record.

(6) RIGHT TO EDUCATION OF MINORS.-Each minor in a residential service component is guaranteed education and training appropriate to his or her needs. The service provider shall coordinate with local education agencies to ensure that education and training is provided to each minor in accordance with other applicable laws and regulations and that parental responsibilities related to such education and training are established within the provisions of such applicable laws and regulations. This chapter does not relieve any local education authority of its obligation under law to provide a free and appropriate education to every child.

(7) RIGHT TO CONFIDENTIALITY OF INDIVIDUAL RECORDS.-

(a) The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulations and are exempt from s. 119.07(1) ands. 24(a), Art. I of the State Constitution. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent:

1. To medical personnel in a medical emergency.

2. To service provider personnel if such personnel need to know the information in order to carry out duties relating to the provision of services to an individual.

3. To the secretary of the department or the secretary's designee, for purposes of scientific research, in accordance with federal confidentiality regulations, but only upon agreement in writing that the individual's name and other identifying information will not be disclosed.

4. In the course of review of service provider records by persons who are performing an audit or evaluation on behalf of any federal, state, or local government agency, or third-party payor providing financial assistance or reimbursement to the service provider; however, reports produced as a result of such audit or evaluation may not disclose names or other identifying information and must be in accordance with federal confidentiality regulations.

5. Upon court order based on application showing good cause for disclosure. In determining whether there is good cause for disclosure, the court shall examine whether the public interest and the need for disclosure outweigh the potential injury to the individual, to the service provider and the individual, and to the service provider itself.

(b) The restrictions on disclosure and use in this section do not apply to communications from provider personnel to law enforcement officers which:

1. Are directly related to an individual's commission of a crime on the premises of the provider or against provider personnel or to a threat to commit such a crime; and

2. Are limited to the circumstances of the incident, including the status of the individual committing or threatening to commit the crime, that individual's name and address, and that individual's last known whereabouts.

(c) The restrictions on disclosure and use in this section do not apply to the reporting of incidents of suspected child abuse and neglect to the appropriate state or local authorities as required by law. However, such restrictions continue to apply to the original substance abuse records maintained by the provider, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.

(d) Any answer to a request for a disclosure of individual records which is not permissible under this section or under the appropriate federal regulations must be made in a way that will not affirmatively reveal that an identified individual has been, or is being diagnosed or treated for substance abuse. The regulations do not restrict a disclosure that an identified individual is not and has never received services. (e)1. Since a minor acting alone has the legal capacity to voluntarily apply for and obtain substance abuse treatment, any written consent for disclosure may be given only by the minor. This restriction includes, but is not limited to, any disclosure of identifying information to the parent, legal guardian, or custodian of a minor for the purpose of obtaining financial reimbursement.

(e) When the consent of a parent, legal guardian, or custodian is required under this chapter in order for a minor to obtain substance abuse treatment, any written consent for disclosure must be given by both the minor and the parent, legal guardian, or custodian.

(f) An order of a court of competent jurisdiction authorizing disclosure and use of confidential information is a unique kind of court order. Its only purpose is to authorize a disclosure or use of identifying information which would otherwise be prohibited by this section. Such an order does not compel disclosure. A subpoena or a similar legal mandate must be issued in order to compel disclosure. This mandate may be entered at the same time as, and accompany, an authorizing court order entered under this section.

(g) An order authorizing the disclosure of an individual's records may be applied for by any person having a legally recognized interest in the disclosure which is sought. The application may be filed separately or as part of a pending civil action in which it appears that the individual's records are needed to provide evidence. An application must use a fictitious name, such as John Doe or Jane Doe, to refer to any individual and may not contain or otherwise disclose any identifying information unless the individual is the applicant or has given a written consent to disclosure or the court has ordered the record of the proceeding sealed from public scrutiny.

(h) The individual and the person holding the records from whom disclosure is sought must be given adequate notice in a manner which will not disclose identifying information to other persons, and an opportunity to file a written response to the

application, or to appear in person, for the limited purpose of providing evidence on the statutory and regulatory criteria for the issuance of the court order.

(i) Any oral argument, review of evidence, or hearing on the application must be held in the judge's chambers or in some manner which ensures that identifying information is not disclosed to anyone other than a party to the proceeding, the individual, or the person holding the record, unless the individual requests an open hearing. The proceeding may include an examination by the judge of the records referred to in the application.

(j) A court may authorize the disclosure and use of records for the purpose of conducting a criminal investigation or prosecution of an individual only if the court finds that all of the following criteria are met:

1. The crime involved is extremely serious, such as one which causes or directly threatens loss of life or serious bodily injury, including but not limited to homicide, sexual assault, sexual battery, kidnapping, armed robbery, assault with a deadly weapon, and child abuse and neglect.

2. There is reasonable likelihood that the records will disclose information of substantial value in the investigation or prosecution.

3. Other ways of obtaining the information are not available or would not be effective.

4. The potential injury to the individual, to the physician-individual relationship, and to the ability of the program to provide services to other individuals is outweighed by the public interest and the need for the disclosure.

(8) RIGHT TO COUNSEL-Each individual must be informed that he or she has the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and that he or she, or if the individual is a minor his or her parent, legal guardian, or legal custodian, may apply immediately to the court to have an attorney appointed if he or she cannot afford one.

(9) RIGHT TO HABEAS CORPUS.-At any time, and without notice, an individual involuntarily retained by a provider, or the individual's parent, guardian, custodian, or attorney on behalf of the individual, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the individual's release.

(10) LIABILITY AND IMMUNITY.-

(a) Service provider personnel who violate or abuse any right or privilege of an individual under this chapter are liable for damages as determined by law.

(b) All persons acting in good faith, reasonably, and without negligence in connection with the preparation or execution of petitions, applications, certificates, or other documents or the apprehension, detention, discharge, examination, transportation, or treatment of a person under the provisions of this chapter shall be free from all liability, civil or criminal, by reason of such acts.

397.581 Unlawful activities relating to assessment and treatment; penalties.-

(1) Knowingly furnishing false information for the purpose of obtaining emergency or other involuntary admission for any person is a misdemeanor of the first degree, punishable as provided ins. 775.082 and by a fine not exceeding $5,000.

(2) Causing or otherwise securing, or conspiring with or assisting another to cause or secure, without reason for believing a1 person to be impaired, any emergency or other involuntary procedure for the person is a misdemeanor of the first degree, punishable as provided ins. 775.082 and by a fine not exceeding $5,000.

(3) Causing, or conspiring with or assisting another to cause, the denial to any person of any right accorded pursuant to this chapter is a misdemeanor of the first degree, punishable as provided in s. 775.082 and by a fine not exceeding $5,000.

Appendix 3: Legal, Contractual, and Court Participant Eligibility Requirements

LEGAL ELIGIBILITY
Ch. 394 and Ch. 397 Florida Statues
CIVIL VOLUNTARY

	Ch. 397.601 Substance Abuse	Ch. 394.4625 Mental Health
VOLUNTARY Admissions Criteria	(1) A person who wishes to enter treatment for substance abuse may apply to a service provider for voluntary admission. (2) Within the financial and space capabilities of the service provider, a person must be admitted to treatment when sufficient evidence exists that the person is impaired by substance abuse and the medical and behavioral conditions of the person are not beyond the safe management capabilities of the service provider. (3) The service provider must emphasize admission to the service component that represents the least restrictive setting that is appropriate to the person's treatment needs. (4)(a) The disability of minority for persons under 18 years of age is removed solely for the purpose of obtaining voluntary substance abuse impairment services from a licensed service provider, and consent to such services by a minor has the same force and effect as if executed by an individual who has reached the age of majority. Such consent is not subject to later disaffirmance based on minority. (b) Except for purposes of law enforcement activities in connection with protective custody, the disability of minority is not removed if there is an involuntary admission for substance abuse services, in which case parental participation may be required as the court finds appropriate.	(a) A facility may receive for observation, diagnosis, or treatment any person 18 years of age or older making application by express and informed consent for admission or any person age 17 or under for whom such application is made by his or her guardian. If found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment, such person 18 years of age or older may be admitted to the facility. A person age 17 or under may be admitted only after a hearing to verify the voluntariness of the consent. (b) A mental health overlay program or a mobile crisis response service or a licensed professional who is authorized to initiate an involuntary examination pursuant to s. 394.463 and is employed by a community mental health center or clinic must, pursuant to district procedure approved by the respective district administrator, conduct an initial assessment of the ability of the following persons to give express and informed consent to treatment before such persons may be admitted voluntarily: 1. A person 60 years of age or older for whom transfer is being sought from a nursing home, assisted living facility, adult day care center, or adult family-care home, when such person has been diagnosed as suffering from dementia. 2. A person 60 years of age or older for whom transfer is being sought from a nursing home pursuant to s. 400.0255(12). 3. A person for whom all decisions concerning medical treatment are currently being lawfully made by the health care surrogate or proxy designated under chapter 765.

LEGAL ELIGIBILITY
Ch. 394 and Ch. 397 Florida Statues
CIVIL INVOLUNTARY

	Ch. 397.675 Substance Abuse	Ch. 394.463 Mental Health
INVOLUNTARY Assessment/ Examination Criteria	A person meets the criteria for involuntary admission if there is good faith reason to believe that the person is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder: (1) Has lost the power of self-control with respect to substance abuse; and (2)(a) ls in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; or (b) Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened or attempted to inflict, or, unless admitted, is likely to inflict,physical harm on himself, herself, or another.	A person may be taken to a receiving facility for involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness: (a)1.The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or 2. The person is unable to determine for himself or herself whether examination is necessary; and (b) L. Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or 3. There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

	Ch. 397.4655 Substance Abuse	Ch. 394.4655 Mental Health
INVOLUNTARY Outpatient Treatment Criteria	(SAME)	A person may be ordered to involuntary outpatient services, upon a finding of the court, by clear and convincing evidence, that the person meets all of the following criteria: (a) The person is 18 years of age or older. (b) The person has a mental illness. (c) The person is unlikely to survive safely in the community without supervision, based on a clinical determination. (d) The person has a history of lack of compliance with treatment for mental illness. (e) The person has: 1. At least twice within the immediately preceding 36 months been involuntarily admitted to a receiving or treatment facility as defined in s. 394.455, or has received mental health services in a forensic, or correctional facility. The 36-month period does not include any period during which the person was admitted or incarcerated; or 2. Engaged in one or more acts of serious violent behavior toward self or others, or attempts at serious bodily harm to himself, or herself, or others, within the preceding 36 months. (f) The person is, as a result of his or her mental illness, unlikely to voluntarily participate in the recommended treatment plan and has refused voluntary services for treatment after sufficient and conscientious explanation and disclosure of why the services are necessary or is unable to determine for himself or herself whether services are necessary. (g) In view of the person's treatment history and current behavior, the person is in need of involuntary outpatient services in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being as set forth ins. 394.463(1). (h) It is likely that the person will benefit from involuntary outpatient services. (i) All available, less restrictive alternatives that would offer an opportunity for improvement of his or her condition have been judged to be inappropriate or unavailable.

	Ch. 397.467 Substance Abuse	Ch. 394.467 Mental Health
INVOLUNTARY Outpatient Treatment Criteria	(SAME)	A person may be ordered for involuntary inpatient placement for treatment, upon a finding of the court, by clear and convincing evidence that: (a) He or she has a mental illness and because of his or her mental illness: 1. a. He or she has refused voluntary inpatient placement for treatment after sufficient and conscientious explanation and disclosure of the purpose of inpatient placement for treatment; or b. He or she is unable to determine for himself or herself whether inpatient placement is necessary; and 2. a. He or she is incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services, and, without treatment, is likely to suffer from neglect or refuse to care for himself or herself, and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; or b. There is substantial likelihood that in the near future he or she will inflict serious bodily harm on self or others, as evidenced by recent behavior causing, attempting, or threatening such harm; and (b) All available less restrictive treatment alternatives that would offer an opportunity for improvement of his or her condition have been judged to be inappropriate.

LEGAL ELIGIBILITY
Ch. 394 and Ch. 397 Florida Statues
CRIMINAL INVOLUNTARY

	Ch. 397.705 (1) Substance Abuse	Ch. 394.47892 Mental Health
INVOLUNTARY Referral Criteria (General)	If any offender, including but not limited to any minor, is charged with or convicted of a crime, the court or criminal justice authority with jurisdiction over that offender may require the offender to receive services from a service provider licensed under this chapter. If referred by the court, the referral shall be in addition to final adjudication, imposition of penalty or sentence, or other action. The court may consult with or seek the assistance of a service provider concerning such a referral. Assignment to a service provider is contingent upon availability of space, budgetary considerations, and manageability of the offender. **Ch. 397.334 (1)** **TREATMENT BASED DRUG COURT PROGRAM:** (1) Each county may fund a treatment-based drug court program under which persons in the justice system assessed with a substance abuse problem will be processed in such a manner as to appropriately address the severity of the Identified substance abuse problem through treatment services tailored to the individual needs of the participant. Entry into any pretrial treatment-based drug court program shall be voluntary. When neither s. 948.08(6)(a) 1. nor 2. applies, the court may order an individual to enter into a pretrial treatment- based drug court	**MENTAL HEALTH COURT PROGRAM:** (1) Each county may fund a mental health court program under which a defendant in the justice system assessed with a mental illness shall be processed in such a manner as to appropriately address the severity of the identified mental illness through treatment services tailored to the individual needs of the participant. (2) Mental health court programs may include pretrial intervention programs as provided in ss. 948.08, 948.16, and 985.345, post-adjudicatory mental health court programs as provided in ss. 948.01 and 948.06, and review of the status of compliance or noncompliance of sentenced defendants through a mental health court program. (3) Entry into a pretrial mental health court program is voluntary. (4)(a) Entry into a post-adjudicatory mental health court program as a condition of probation or community control pursuant to s. 948.01 or s. 948.06 must be based upon the sentencing court's assessment of the defendant's criminal history, mental health screening outcome, amenability to the services of the program, and total sentence points; the recommendation of the state attorney and the victim, if any; and the defendant's agreement to enter the program. (b) A defendant who is sentenced to a post- adjudicatory mental health court program and who, while a mental health court program participant, is the subject of a violation of probation or community control under s. 948.06 shall have the violation of probation or community control heard by the judge

	program only upon written agreement by the individual, which shall include a statement that the individual understands the requirements of the program and the potential sanctions for noncompliance. (3)(a) Entry into any post-adjudicatory treatment-based drug court program as a condition of probation or community control pursuant to s. 948.01, s. 948.06, ors. 948.20 must be based upon the sentencing court's assessment of the defendant's criminal history, substance abuse screening outcome, amenability to the services of the program, total sentence points, the recommendation of the state attorney and the victim, if any, and the defendant's agreement to enter the program.	presiding over the post-adjudicatory mental health court program. After a hearing on or admission of the violation, the judge shall dispose of any such violation as he or she deems appropriate if the resulting sentence or conditions are lawful.
	Ch. 394.47891 Substance Abuse and Mental Health	
INVOLUNTARY Military Veterans Referral Criteria	**MILITARY VETERANS AND SERVICE MEMBERS COURT PROGRAMS:** The chief judge of each judicial circuit may establish a Military Veterans and Service members Court Program under which veterans, as defined ins. 1.01, including veterans who were discharged or released under a general discharge, and service members, as defined in s. 250.01, who are charged or convicted of a criminal offense and who suffer from a military- related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem can be sentenced in accordance with chapter 921 in a manner that appropriately addresses the severity of the mental illness, traumatic brain injury, substance abuse disorder, or psychological problem through services tailored to the individual needs of the participant. Entry into any Military Veterans and Service members Court Program must be based upon the sentencing court's assessment of the defendant's criminal history, military service, substance abuse treatment needs, mental health treatment needs, amenability to the services of the program, the recommendation of the state attorney and the victim, if any, and the defendant's agreement to enter the program.	

LEGAL ELIGIBILITY Ch39.001

DEPENDENT/ CHILD WELFARE

	Ch. 39.001
GENERAL Referral Criteria	**MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES:** (a) The Legislature recognizes that early referral and comprehensive treatment can help combat mental illnesses and substance abuse disorders in families and that treatment is cost-effective. (b) The Legislature establishes the following goals for the state related to mental illness and substance abuse treatment services in the dependency process: 1. To ensure the safety of children. 2. To prevent and remediate the consequences of mental illnesses and substance abuse disorders on families involved in protective supervision or foster care and reduce the occurrences of mental illnesses and substance abuse disorders, including alcohol abuse or related disorders, for families who are at risk of being involved in protective supervision or foster care. 4. To support families in recovery. (c) The Legislature finds that children in the care of the state's dependency system need appropriate health care services, that the impact of mental illnesses and substance abuse disorders on health indicates the need for health care services to include treatment for mental health and substance abuse disorders for children and parents, where appropriate, and that it is in the state's best interest that such children be provided the services they need to enable them to become and remain independent of state care. In order to provide these services, the state's dependency system must have the ability to identify and provide appropriate intervention and treatment for children with personal or family-related mental illness and substance abuse problems. (d) It is the intent of the Legislature to encourage the use of the mental health court program model established under chapter 394 and the drug court program model established under s. 397.334 and authorize courts to assess children and persons who have custody or are requesting custody of children where good cause is shown to identify and address mental illnesses and substance abuse disorders problems as the court deems appropriate at every stage of the dependency process. Participation in treatment, including a mental health court program or a treatment-based drug court program, may be required by the court following adjudication. Participation in

	assessment and treatment before prior to adjudication is shall be voluntary, except as provided ins. 39.407(16). (e) It is therefore the purpose of the Legislature to provide authority for the state to contract with mental health service providers and community substance abuse treatment providers for the development. **Ch. 39 Proceedings Relating to Children F.S. 2016** – Operation of specialized support and overlay services for the dependency system, which will be fully implemented and used as resources permit. (f) Participation in a mental health court program or a the treatment-based drug court program does not divest any public or private agency of its responsibility for a child or adult, but is intended to enable these agencies to better meet their needs through shared responsibility and resources. 7) **PARENTAL, CUSTODIAL, AND GUARDIAN RESPONSIBILITIES** Parents, custodians, and guardians are deemed by the state to be responsible for providing their children with sufficient support, guidance, and supervision. The state further recognizes that the ability of parents, custodians, and guardians to fulfill those responsibilities can be greatly impaired by economic, social, behavioral, emotional, and related problems. It is, therefore, the policy of the Legislature that it is the state's responsibility to ensure that factors impeding the ability of caregivers to fulfill their responsibilities are identified through the dependency process and that appropriate recommendations and services to address those problems are considered in any judicial or non-judicial proceeding.

CONTRACTUAL ELIGIBILITY
Payers

GENERAL	**Florida Department of Children and Families/Central Florida Behavioral Health Network**
	Behavioral Health services shall be provided to persons pursuant to s. 394.674. F.S., including those individuals who have been identified as requiring priority by state or federal law. These identified priorities include, but are not limited to, the categories in Sections B-5.1 through B.5-10. Persons in Sections B-5.1 through B-5.2 are specifically identified as persons to be given immediate priority over those in any other sections. B-5.1 Pursuant to 45 C.F.R. s. 96.131, priority admission to pregnant women and women with dependent children by Network Service Providers receiving SAPT Block Grant funding; B-5.2 Pursuant to 45 C.F.R. s. 96.126,compliance with interim services, for injection, drug users, by Network Service Providers receiving SAPT Block Grant funding and treating injection drug users; B-5.3 Priority for services to families with children that have been determined to require substance abuse and mental health services by child protective investigators and also meet the target populations in Sections B-5.3.1 or B-5.3.2. Such priority shall be limited to individuals that are not enrolled in Medicaid, or another insurance program, or require services that are not paid by another payor source: B-5.3.2 Parents or caregivers in need of adult substance abuse services pursuant to s.394.674 (1) (3.), F.S., based on the risk to the children due to a substance use disorder. B-5.4 Individuals who reside in civil and forensic State Mental Health Treatment Facilities and individuals who are at risk of being admitted in to a civil or forensic State Mental Health Treatment Facility pursuant to s. 394.4573, F.S.: B-5.5 Individuals who are voluntarily admitted/ involuntarily examined, or placed under Part 1, Chapter 394, F.S.; B-5.6 Individuals who are involuntarily admitted under Part V, Chapter 397, F.S.; B-5.7 Residents of assisted living facilities as required in ss. 394.4574 and 429.075, F.S; B-5.8 Children referred for residential placement in compliance with Ch. 65E- 9.008(4), F.A.C.; B-5.9 Inmates approaching the End of Sentence pursuant to Children and Families Operating Procedure (CFOP) 155=47: "Processing Referrals from the Department of Corrections." B-5.10 In the event of a Presidential Major Disaster Declaration, Crisis Counseling Program (CCP) services shall be contracted for according to the terms and conditions of any CCP grant award approved by representatives of the Federal Emergency Management Agency (FEMAS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

<table>
<tr><th>Central Florida Behavioral Health Network</th><th></th></tr>
<tr><td>Multi-Disciplinary Forensic Team (GFIT)</td><td>In the event, the Forensic Multi-Disciplinary Team, is operating at its maximum capacity, the FMT will
establish a wait-list for additional referrals, according to the following priorities:
1. Persons who have resided in a Forensic States Mental Health Treatment Facility for at least 6 months in the last 36 months.
2. Persons who reside in the community, and have had two or more admissions, to a Forensic SMHTF in the last 36months.
3. Persons who reside in the community and have had three or more admissions to a crisis stabilization units (SU), short-term residential facility (SRT), or inpatient psychiatric unit within the last 12 months.
4. Persons who reside in the community, and due to a mental illness, exhibit or would exhibit, behavior or symptomatology which could result in long-term hospitalization, if frequent interventions for an extended period of time were not provided and additional court involvement.</td></tr>
<tr><td>Forensic Assertive Community Team</td><td>• The individual must have a diagnosis within one of the following categories as referenced in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th Edition or the latest edition thereof (see Appendix A for a detailed list of qualifying diagnoses):
o Schizophrenia Spectrum and Other Psychotic Disorders;
o Bipolar and Related Disorders;
o Depressive Disorders;
o Anxiety Disorders;
o Obsessive-Compulsive and Related Disorders;
o Dissociative Disorders;
o Somatic Symptom and Related Disorders; and
o Personality Disorders.
• The individual must meet one of the following six criteria: o
o High risk for hospital admission or readmission;
o History of prolonged inpatient stays of more than 90 days within one year;
o History of more than three (3) episodes of criminal justice involvement within one year;
o Referred for aftercare services by one (1) of the state's correctional institutions;
o Referred from an inpatient detoxification unit with documented history of co-occurring disorders; or
o Have more than 3 crisis stabilization unit or hospital admissions for mental health crisis stabilization within one year.
• The individual must meet at least three of the following six characteristics:
o Inability to consistently perform the range of practical daily living tasks required for basic adult interactional roles in the community without significant assistance from others. Examples of these tasks include:
- Maintaining personal hygiene;
- Meeting nutritional needs;
- Caring for personal business affairs;
- Obtaining medical, legal, and housing services; and
- Recognizing and avoiding common dangers or hazards to self and possessions;</td></tr>
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<tr>
<td>Community Action Team</td>
<td>

Inability to maintain employment at a self-sustaining level or inability to consistently carry out the homemaker role (e.g., household meal preparation, washing clothes, budgeting or child-care tasks and responsibilities);
Inability to maintain a safe living situation (repeated evictions, loss of housing, or no housing);
Co-occurring substance use disorder of significant duration (greater than six months) or co-occurring mild intellectual disability;
Destructive behavior to self or others; or
High-risk of or recent history of criminal justice involvement (arrest and incarceration).

The following participation criteria are established in proviso, and have been included in the CAT contract:

Young people ages 11 to 21 with a mental health diagnosis or co-occurring substance abuse diagnosis
with accompanying characteristics such as:

being at-risk for out-of-home placement as demonstrated by repeated failures at less intensive levels of care;
having two or more hospitalization or repeated failures;
involvement with the Department of Juvenile Justice or multiple episodes involving law enforcement; or
poor academic performance and/or suspensions

Children younger than 11 may be candidates if they meet two or more of the aforementioned characteristics

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HILLSBOROUGH COUNTY	
Integrated Care Substance Abuse Treatment	An adult, 18 years or older, under criminal court order and whose release from County jail is predicated upon court ordered enrollment into the ORGANIZATION's treatment program. THE ORGANIZATION shall conduct background checks in accordance with the ORGANIZATION's policies, then in effect. Consideration shall be given to the facts of each person's criminal history (excluding the below referenced sex related crimes) and eligibility for admissions to the program will be made on a case by case basis in accordance with the ORGANIZATION's policies in effect at the time of admission. Any client may be rejected for felony convictions defined as violent crimes in the past ten years. No individuals with a designation as or required to be registered as a sexual offender, sexual predator, or sexually violent predator, as defined in sections 943.0435, 775.21, and 394.912, Florida Statutes, respectively, will be eligible for services.
Mental Health Court and Enhanced Offender Diversion Initiative	Eligible clients are: (a) adults charged with a felony who are determined appropriate and approved for MHPTI by the State's Attorney per s.94808, F.S., or adults who have been suspected of committing an eligible misdemeanor offense, for whom lower levels of service have been deemed inappropriate; (b) screened on the Comprehensive Continuous Integrated System of Care (CCISC) Model, or similar assessment tool, resulting in an indication of either: Quadrant II, a more serious mental health disorder and also severe substance disorder, or substance disorder, or Quadrant IV, a severe mental health disorder, and a severe substance disorder; (c) persons arrested within the jurisdiction of Judicial Circuit 13.
Mental Health Court "Division M" (Adult and Juvenile)	Mental Health Criminal Division "M" will monitor: • defendants who are identified as eligible for voluntary admission into a mental health pre-trial intervention program; • defendants who are identified as eligible for a post-adjudicatory mental health program; • eligible defendants adjudged incompetent to proceed; and • all defendants adjudged not guilty by reason of insanity.
Mental Health Pre-Trial Intervention (MHPTI) Programs	A defendant who is deemed appropriate by the Thirteenth Judicial Circuit Court Mental Health Liaison for a specialized diversion program may be placed in a voluntary Mental Health Pre-Trial Intervention Program in accordance with an agreement between the defendant and the State Attorney's Office.
Enhanced Offender Diversion Initiative (EODI-Adult only)	Eligible clients are: • adults charged with a felony who are determined appropriate and approved for MHPTI by the State's Attorney per s.94808, F.S. or adults who have been suspected of committing an eligible misdemeanor offense, for whom lower levels of service have been deemed inappropriate; • screened on the Comprehensive Continuous Integrated System of Care (CCISC) Model, or similar assessment tool, resulting in an indication of either: Quadrant II, a more serious mental health disorder and a less severe substance disorder, or Quadrant IV, a severe mental health disorder and a severe substance disorder; • persons arrested within the jurisdiction of Judicial Circuit 13.
Justice Diversion Program	ORGANIZATION shall provide services, as described in Exhibit A, to eligible participants with behavioral health disorders presented to the jail for local ordinance and misdemeanor law violation Eligible persons mean individuals in need of behavioral health services who meet residency criteria as defined in Florida Statues Section 212.055(4) and who have been diverted from booking in accordance with the Memorandum of Understanding (MOU), or assigned to post booking alternatives to incarceration services

	as directed by the criminal justice system. Note: This includes individuals diverted for services in the community at the discretion of Law Enforcement and those release and assigned to the program who are released by the court on their own recognizance.
Health Care Plan Behavioral Health Services	The following is the procedure for referring clients to the BH expansion program: • Client must be an active participant in the Hillsborough County Health Care Plan • Clients will be referred by their PCP, directly to the BH provider co-located at the same clinic • No prior authorization is needed • Clients can receive up to 12 visits annually (starting from the date of first visit) • Clients may receive psychiatric care and be a participant of the BH Expansion program
DRUG COURT EXPANSION PROGRAMS	New Offenses: • The offender must have been prison bound but for the post-adjudicatory drug court (PADC) program pursuant to the 2009 General Appropriations Acts (GAA), 2009 Laws of Florida, Ch. 81. • The current offense must be a non-violent felony. A non-violent felony is defined as a third-degree felony violation under chapter 810, or any other felony offense that is not a forcible felony as defined in section 76.08, F>S> (see Sections 948.01 (7)(a), 948.06{2)(i)l.c, and 948.20, F.S.) • The CPC sentencing score sheet score cannot exceed 52 points. Sections 948.01, 948.06, and 948.20, F.S., specifically provide that for offenses committed on or after July 1, 2009, the CPC sentencing score sheet cannot exceed 52 points for admission to a PADA program. Criminal Punishment Code (CPC) sentencing score sheet scores below 44 points are eligible, however, it is recommended that the court issue a finding that states drug court was offered in lieu of incarceration. If the court cannot issue a finding, the appropriate judge should provide written certification that drug court was offered in lieu of incarceration • Section 775.082(10), F.S. was amended effective July 1, 2009, to provide that for third degree felonies that are not forcible felonies as defined in section 776.08, F.S., excluding any third degree felony under chapter 810 committed on or after July 1, 200, the sentencing court cannot impose a state prison sanction if the sentencing score is 22 points or fewer unless the sentencing court makes a written finding that a non-state prison sanction could present a danger to the public. Thus, offenders scoring 22 points or fewer would not meet the "prison bound" requirement unless the court made a written upward departure. However, the court found that a non-state sanction could present a danger to the public, it would be difficult for the court to then justify that the offender would be suitable for a PADC program. It is not clear as to whether the 22 point threshold would also apply to subsequent violations of probation. • Offenders are eligible for the expansion program regardless of the offense date, if they meet all other criteria set forth. • The offender must be found to be amenable to post-adjudicatory drug court treatment. • The offender must be otherwise qualified under section 397.334(3} F.S., which provides that entry into any post-adjudicatory treatment-based drug court program pursuant to sections 948.01, 948.06, or 948.20, F.S, must be based upon the sentencing court's assessment of the defendant's criminal history, substance abuse screening outcome, amenability to services, total sentencing points; recommendation of the state attorney and

	the victim, if any; and the defendant's agreement to enter the program. • The U.S. Department of Justice has recently clarified that federal law 42 U.S.C. 3793u- 1-2fc which prohibits "violent offenders" from participating in federally funded drug courts does not apply to programs funded exclusively with JAG funds. 42 U.S.C. 3797u-1-2 would still apply to drug courts funded with other federal money. Since the expansion program is currently funded exclusively with JAG funds, 42 U.S.C. 3797u-1-2 would not apply. • The Florida Statues are not clear as to whether offenders with prior violent felonies should be excluded. The individual circuits will have to determine how they will interpret the statues and whether or not to continue to exclude offenders with prior violent felonies for purposes of the expansion program.
Marchman SAMHSA Grant	Adults who are involved in the 13th Judicial Circuit Marchman court in need of residential, intensive outpatient, outpatient and recovery support aftercare services to address substance use disorders. Participants are identified in court and agree to participate in the research component of the SAMHSA grant.
Veterans Treatment Court SAMHSA Grant	Adults who are involved in the 13th Judicial Circuit Veterans Treatment Court in need of residential, intensive outpatient, outpatient and recovery support aftercare services to address substance use disorders. Participants with a history of trauma are provided brief trauma therapy using Accelerated Resolution Therapy. Participants are identified in court and agree to participate in the research component of the SAMHSA grant.
COVE BEHAVIORAL HEALTH, INC. Health Services	Cove Behavioral Health, Inc.'s Health Services program offers risk assessment, infectious disease education, testing and substance abuse treatment to Hillsborough County residents living with or at risk of HIV and Hepatitis C. Testing is available for all and specialty medical case management and substance abuse treatment are accessible for those who require those services.
COVE BEHAVIORAL HEALTH, INC. Family Focus	Homeless adult men and women are eligible for the Community Housing Solution Center program. The THHI Priority list is used to schedule participants. In order to be placed on the list an assessment called a VISPIDAT must be completed. These can be completed at CHSC by appointment. The individual also must be currently homeless, therefore those staying with friends/family, pending eviction or currently living in a shelter will not qualify for shelter at CHSC. In order to provide a safe environment for residents those with a history of arson, sex offenders and those with an extensive history of aggressive/violent charges will not be accepted.
Community Housing Solution Center (BRIDGE)	A family (two parent families or single-parent families, both male or female, or lone adult male or female, 18 years or older, meeting the HUD definition of Homeless.
BRIDGE Assisted Living (ACTS)	The provisions of Emergency/Bridge Housing for Homeless individuals and families to include high risk, high need homeless individuals with mental health illness, substance abuse problems and/or co-occurring disorders. Exclusionary Criteria: 1. Clients will be rejected for felony convictions defined as violent crimes in the past 10 years and/or designation as or required to be registered as a sex offender, sexual predator, or sexually violent predator. 2. Individuals who do not meet ORGANIZATION's ALF "residency criteria" or policy and

	procedures for admissions, and/or those individuals who fail to follow their Community Living and Individual Service Plans.
MEDICAID General Summary Medicaid Eligibility	The following patients meet eligibility for Medicaid benefits in Florida: (1) • Applicant must be a Florida resident • Applicants must have a Social Security Number • Applicant must be a U.S. citizen (2) • Applicant must meet Medicaid Income requirements (3) • Pregnant women (Presumptively Eligible Pregnant Women may be able to receive temporary medical assistance) • Children under 21 • Parents or caretaker relatives • Those eligible for Temporary Cash Assistance in Florida (whether they opt to receive it or not) • Families who have lost Medicaid due to increased income (you may be eligible for up to an additional year) or alimony (you can gain Medicaid for another four months) • Individuals who were formerly in foster care under age 26 • Any residents who currently receive Supplemental Security Income (SSI) through the Social Security Administration • Those in nursing home facilities or who receive home- or community-based care • Patients over age 65 as well as the disabled (you are eligible through SSI-Related Medicaid) (1) If the candidate does not qualify for Medicaid because he or she does not belong to one of the Medicaid eligibility groups listed, he or she may still be able to receive medical assistance if the petitioner is considered Medically Needy in Florida, he or she can receive shared-cost Medicaid. (2) If the applicant is not a valid U.S. citizen, he or she may still be able to receive emergency medical assistance. Still, the state offers assistance for those deemed not eligible for Medicaid through help with prescription drugs. (3) Families that are that are within 100 percent of the federal poverty level in Florida can apply for Medicaid. Income levels increase slightly depending on household size. Pregnant women must earn no more than 185 percent of the federal poverty level. Infants under age 1 must be within the household income range of 200 percent. Children ages 1 through 6 and 6 through 19 must live in households that report earnings no more than 133 percent. If a candidate is aged, disabled or elderly, and currently receiving SSI-related benefits, his or her Medicaid income limit ranges between $733 and $2,199 as an individual and $1,100 and $4,398 for couples depending on his or her medical

	circumstances.
Medicaid Eligible Behavioral Health Services	Medicaid reimburses for community behavioral health services, including: mental health and substance use services to achieve the maximum reduction of the recipient's mental health or substance use disorder and restoration to the best possible functional level. Medicaid reimburses for the following: • Assessments • Medical and psychiatric services • Individual, group and family therapies • Rehabilitative services This service is one of the minimum covered services for all Managed Medical Assistance plans serving Medicaid enrollees.
MEDICARE General Summary Medicare Eligibility	Medicare is a federal government program that helps older folks and some disabled people pay their medical bills and prescription drug costs. The program is divided into four parts: Part A, Part B, Part C, and Part D. • Part A is called hospital insurance and covers most hospital stay costs, as well as some follow-up costs. • Part B, medical insurance, pays some doctor and outpatient medical care costs. • Part C is also called Medicare Advantage. It is run by private insurers and Medicare Managed Care plans (such as an HMO that provides Medicare-covered services as well as other coverage). • Part D covers some prescription drug costs. Part A: Anyone age 65 or over is eligible for Medicare. Most people age 65 and over are covered under Medicare Part A for free, based on their work records or on their spouse's work records. People over 65 who are not eligible for free Medicare Part A coverage can enroll in it and pay a monthly fee for the same coverage. Part B: The rules of eligibility for Part B medical insurance are simpler than for Part A: If you are age 65 or over and are either a U.S. citizen or a permanent resident who has been here lawfully for five consecutive years, you are eligible to enroll in Medicare Part B medical insurance. People over 65 who are not eligible for free Medicare Part A coverage can enroll in it and pay a monthly fee for the same coverage. This is true whether or not you are eligible for Part A hospital insurance. Part D: Anyone entitled to Medicare Part A (whether actually enrolled or not) or who is currently enrolled in Medicare Part B may join Medicare Part D to get help paying prescription drug costs.
Medicare Eligible Behavioral Health Services	If you have Part B coverage, you pay nothing for your yearly depression screening, if your doctor or health care provider accepts assignment. Medicare Part B (Medical Insurance) covers mental health services and visits with these types of health professionals: • Psychiatrist or other doctor • Clinical psychologist • Clinical social worker • Clinical nurse specialist

	• Nurse practitioner • Physician assistant Part B covers outpatient mental health services, including services that are usually provided outside a hospital, like in these settings: • A doctor's or other health care provider's office • A hospital outpatient department • A community mental health center Part B also covers: • Outpatient mental health services for treatment of inappropriate alcohol and drug use • Individual and group psychotherapy • Family counseling, if the main purpose is to help with your treatment • Testing to find out if you're getting the services you need and if your current treatment is helping you • Psychiatric evaluation • Medication management • Certain prescription drugs that aren't usually "self-administered" {drugs you would normally take on your own), like some injections • Diagnostic tests • Partial hospitalization • A one-time "Welcome to Medicare" preventive visit • A yearly "Wellness" visit
TRICARE	Defense Enrollment Eligibility Reporting System You must be registered in the Defense Enrollment Eligibility Reporting System {DEERS) to be eligible for TRICARE. • Sponsors are automatically registered in DEERS • Sponsors must register eligible family members What is a mental health emergency? You have an emergency if the patient: • Is at immediate risk of serious harm to self or others as a result of mental disorder • Needs immediate continuous skilled observation at the acute level of care (based on a psychiatric evaluation) When you have a mental health emergency: • Call 911 or go to the nearest emergency room • You don’t need prior authorization • If admitted, call your regional contractor within 24 hours or the next business day • Admissions must be reported within 72 hours Non-Emergency Mental Health Care: • Follow your plan's rules for getting non-emergency mental health care • For specific details, enter your plan info above • You can download the Mental Health Care Services Fact Sheet Below is a summary for a quick guide: 1. Are an active duty service member: You must have a referral and prior authorization for all mental health care. 2. Are a non-active duty TRICARE Prime beneficiary: You do not need a referral or prior

	authorization for your first 8 outpatient visits (except for psychoanalysis and outpatient therapy for substance use disorder provided by a substance use disorder rehabilitation facility). After your 8th visit (before the 9th) you will need prior authorization. 3. Use TRICARE for Life: Medicare is the primary payer for mental health care. You only need a referral or authorization from TRICARE, if your Medicare benefits are exhausted. 4. Use any other TRICARE health plan: You do not need a referral or prior authorization for your first 8 outpatient visits (except for psychoanalysis and outpatient therapy for substance use disorder provided by a substance use disorder rehabilitation facility). After your 8th visit (before the 9th) you will need prior authorization.
VETERANS ADMINISTRATION	
VA CHOICE	A Veteran must be enrolled in VA health care and meet at least one of the following criteria. 1. The Veteran is told by his/her local VA medical facility that they will not be able to schedule an appointment for care either: a. Within 30 days of the date the Veteran's physician determines he/she needs to be seen; or b. Within 30 days of the date he/she wishes to be seen 2. The Veteran lives more than 40 miles driving distance from a VA medical facility with a full-time primary care physician. 3. The Veteran needs to travel by air, boat or ferry to the VA medical facility closest to his/her home. 4. The Veteran faces an unusual or excessive burden in traveling to a VA medical facility based on geographic challenges, environmental factors, or a medical condition. Staff at the Veteran's local medical facility will work with him/her to determine, if he/she is eligible for any of these reasons. 5. The Veteran's specific health care needs, including the nature and frequency of the care needed, warrants participation in the program. Staff at the Veteran's local medical facility will work with him/her to determine, if he/she is eligible for any of these reasons. 6. The Veteran lives in a State or Territory without a full-service VA medical facility which includes: Alaska, or Hawaii, or New Hampshire, or the United States Territories (excluding Puerto Rico)
Grant Per Diem	Veterans participating in the Substance Use Disorder Services (SUDS). The contracted facility shall function as a form of supportive housing for homeless Veterans with co-occurring substance use and mental health disorders in need of supportive housing while enrolled in the SUDS continuum of care.
Veterans Recovery Support Services	Veterans present with a variety of medical, psychiatric, social and legal complications and consequences of substance abuse. Some may be homeless and unemployed with serious nutritional, health and mental health problems, while others may be employed, in relative good health and living within support systems.

FLORIDA STATE /HILLSBOROUGH COUNTY COURT ELIGIBILITY
Civil Division

SPECIALTY COURT	
BAKER ACT COURT Involuntary Examination	**394.463 INVOLUNTARY EXAMINATION** (a) An involuntary examination may be initiated by any one of the following means: 1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient's clinical record. A fee may not be charged for the filing of an order under this subsection. A facility accepting the patient based on this order must send a copy of the order to the department the next working day. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If no time limit is specified in the order, the order shall be valid for 7 days after the date that the order was signed. 2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient's clinical record. Any facility accepting the patient based on this report must send a copy of the report to the department the next working day. 3. A physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take into custody the person named in the certificate and deliver him or her to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any facility accepting the patient based on this certificate must send a copy of the certificate to the department the next working day. The document may be submitted electronically through existing data systems, if applicable.

	4. A petition for involuntary services shall be filed in the circuit court if inpatient treatment is deemed necessary or with the criminal county court, as defined ins. 394.4655(1), as applicable. When inpatient treatment is deemed necessary, the least restrictive treatment consistent with the optimum improvement of the patient's condition shall be made available. When a petition is to be filed for involuntary outpatient placement, it shall be filed by one of the petitioners specified ins. 394.4655{4) (a). A petition for involuntary inpatient placement shall be filed by the facility administrator.
OUTPATIENT	**394.4655 INVOLUNTARY OUTPATIENT SERVICES** (b)1. If the court concludes that the patient meets the criteria for involuntary outpatient services pursuant to subsection (2), the court shall issue an order for involuntary outpatient services. The court order shall be for a period of up to 90 days. The order must specify the nature and extent of the patient's mental illness. The order of the court and the treatment plan must be made part of the patient's clinical record. The service provider shall discharge a patient from involuntary outpatient services when the order expires or any time the patient no longer meets the criteria for involuntary placement. Upon discharge, the service provider shall send a certificate of discharge to the court.
INPATIENT	**394.467 INVOLUNTARY INPATIENT PLACEMENT** (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT – The administrator of the facility shall file a petition for involuntary inpatient placement in the court in the county where the patient is located. Upon filing, the clerk of the court shall provide copies to the department, the patient, the patient's guardian or representative, and the state attorney and public defender of the judicial circuit in which the patient is located. A fee may not be charged for the filing of a petition under this subsection. (b) If the court concludes that the patient meets the criteria for involuntary inpatient placement, it may order that the patient be transferred to a treatment facility or, if the patient is at a treatment facility, that the patient be retained there or be treated at any other appropriate facility, or that the patient receive services, on an involuntary basis, for up to 90 days. However, any order for involuntary mental health services in a treatment facility may be for up to 6 months. The order shall specify the nature and extent of the patient's mental illness. The court may not order an individual with traumatic brain injury or dementia who lacks a co-occurring mental illness to be involuntarily placed in a state treatment facility. The facility shall discharge a patient any time the patient no longer meets the criteria for involuntary inpatient placement, unless the patient has transferred to voluntary status.
MARCHMAN ACT COURT	**397.6771 PROTECTIVE CUSTODY WITH CONSENT** – A person in circumstances which justify protective custody, as described ins. 397.677, may consent to be assisted by a law enforcement officer to his or her home, to a hospital, or to a licensed detoxification or addictions receiving facility, whichever the officer determines is most appropriate.
Involuntary Assessment (Non-Court)	**397.6772 PROTECTIVE CUSTODY WITHOUT CONSENT** (1) If a person in circumstances which justify protective custody as described ins. 397.677 fails or refuses to consent to assistance and a law enforcement officer has determined that a hospital or a licensed detoxification or addictions receiving facility is the most appropriate place for the person, the officer may, after giving due consideration to the expressed wishes of the person:

	(a) Take the person to a hospital or to a licensed detoxification or addictions receiving facility against the person's will but without using unreasonable force. **397.6793 PROFESSIONAL'S CERTIFICATE FOR EMERGENCY ADMISSION** (1) A physician, a clinical psychologist, a physician assistant working under the scope of practice of the supervising physician, a psychiatric nurse, an advanced registered nurse practitioner, a mental health counselor, a marriage and family therapist, a master's-level-certified addictions professional for substance abuse services, or a clinical social worker may execute a professional's certificate for emergency admission. (a) The professional's certificate must indicate whether the person requires transportation assistance for delivery for emergency admission and specify, pursuant to s. 397.6795, the type of transportation assistance necessary.
Court Initiated Assessments	**397.6795** **TRANSPORTATION-ASSISTED DELIVERY OF PERSONS FOR EMERGENCY ASSESSMENT** An applicant for a person's emergency admission, the person's spouse or guardian, or a law enforcement officer may deliver a person named in the professional's certificate for emergency admission to a hospital or a licensed detoxification facility or addictions receiving facility for emergency assessment and stabilization. **397.6798 ALTERNATIVE INVOLUNTARY ASSESSMENT PROCEDURE FOR MINORS** (1) In addition to protective custody, emergency admission, and involuntary assessment and stabilization, an addictions receiving facility may admit a minor for involuntary assessment and stabilization upon the filing of an application to an addictions receiving facility by the minor's parent, guardian, or legal custodian. **397.695 INVOLUNTARY SERVICE: PERSONS WHO MAY PETITION** (1) If the respondent is an adult, a petition for involuntary services may be filed by the respondent's spouse or legal guardian, any relative, a service provider, or an adult who has direct personal knowledge of the respondent's substance abuse impairment and his or her prior course of assessment and treatment. (2) If the respondent is a minor, a petition for involuntary treatment may be filed by a parent, legal guardian, or service provider.
Ex Parte Petition	An Ex-Parte Petition requests the court to enter an order having the Respondent involuntarily placed into assessment/stabilization/detox without a hearing based solely on the information in the petition. If granted, a judge will order the Respondent to be picked up and delivered to the pre-determined Hillsborough County government facility for assessment, stabilization and/or detox. The pick-up order will be execute by law enforcement. Typically within, twenty- four (24) to forty-eight (48) hours after filing, the Respondent will be picked up and taken to the detox facility, unless the Respondent flees or evades law enforcement. It is very important the Respondent have no knowledge of the proceedings to maximize success.

Involuntary Treatment	**397.697 COURT DETERMINATION: EFFECT OF COURT ORDER FOR INVOLUNTARY SERVICES** (1) When the court finds that the conditions for involuntary services have been proved by clear and convincing evidence, it may order the respondent to receive involuntary services from a publicly funded licensed service provider for a period not to exceed 90 days. The court may also order a respondent to undergo treatment through a privately funded licensed service provider if the respondent has the ability to pay for the treatment, or if any person on the respondent's behalf voluntarily demonstrates a willingness and an ability to pay for the treatment. If the court finds it necessary, it may direct the sheriff to take the respondent into custody and deliver him or her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary services. When the conditions justifying involuntary services no longer exist, the individual must be released as provided ins. 397.6971. When the conditions justifying involuntary services are expected to exist after 90 days of services, a renewal of the involuntary services order may be requested pursuant to s. 397.6975 before the end of the 90-day period. Although the Respondent is recommended at one particular level of care during the assessment the clinicians may increase or decrease the level of care at any time. Often, a Respondent, based on their participation (or, lack thereof) may start at one level of care, but subsequently need a higher or lower level of care based upon their participation in the treatment process - this is not uncommon and should be expected. ARLS will monitor the Respondent and bring the Respondent before the Hillsborough County circuit court Judge as many times as necessary to force the Respondent to comply with the treatment recommendations during the sixty (60) day period. Prior to the end of the 60 day treatment period, should the Respondent still meet Marchman Act criteria, based on a medical professionals recommendation, an extension can be filed for up to an additional ninety (90) days. Although ARLS and the court cannot dictate the level of care, they are able to enforce the court order so that the Respondent receives the treatment they need during the court ordered period.

FLORIDA STATE /HILLSBOROUGH COUNTY COURT ELIGIBILITY
Civil Division

SPECIALTY COURT FAMILY DEPENDENCY COURT	FAMILY DEPENDENCY TREATMENT COURT provides parents and caregivers the opportunity to engage in substance abuse treatment with the goal of reunification with their children and assume the full responsibilities of parenthood in a safe and healthy environment. The Family Dependency Treatment Court Program is a result of the need for a specialized court to work closely with parents/caregivers of children whose lives have been impacted by substance abuse or dependence. Program requirements include but are not limited to: • Compliance with all contractual requirements and sanctions • Abstinence from use of drugs and alcohol • Successful completion of a substance abuse treatment program and Case Plan Who is eligible for this program • Must be a new petition • Must have substance abuse issues identified in the investigative report • Must have no past history of violent criminal offenses • Must not be alleged sexual perpetrators • If there were previous Termination of Parental Rights, the participant must be offered new case plan • Must acknowledge need for substance abuse treatment • Must be willing to participate in the Family Dependency Treatment Court Program • Must be willing to detoxification from methadone if currently involved in Methadone Maintenance • Must not have an advanced terminal illness • Must not have a serious/unstable mental illness or be incompetent • Must be approved by the Dependency Treatment Court Judge • Must have reunification as a goal

FLORIDA STATE /HILLSBOROUGH COUNTY COURT ELIGIBILITY
Criminal Division

DRUG COURT	
Juvenile	The Juvenile Drug Court program is a minimum six to twelve month program in which participants are required to attend substance abuse counseling, submit to random drug screens, attend school or obtain a general equivalency diploma (GED). Follow court ordered sanctions, and comply with any other orders issued by the court. The end goal is to have the legal charges dismissed, the plea vacated and the petitions to be closed upon completion of the program. The Juvenile Drug Court program is a diversionary program offered to the Child (The Child meets the criteria and is qualified for admission to the Delinquent Act Citation Program (hereinafter "DACP") to address substance abuse problems. The Office of the Public Defender is committed to this program and is an active participant. The purpose of the Public Defender's involvement is to ensure that the constitutional rights of the child are protected. There may be legal defenses available to the child, however, those issues are not argued in this Court. This program is to assist the child to get clean and sober. The services of the Public Defender are not free. The child will be assessed a $50.00 application fee. Upon completion of the program, the Court may impose appropriate fees to cover the services rendered.

Adult Pretrial Intervention Substance Abuse	The Adult Drug Pretrial Intervention Court allows first-time drug offenders the opportunity to avoid having a felony conviction on their record. Drug Court Eligibility: In order for a case to remain pending in Drug Court Division "Y" after the initial filing, a defendant must: (a) qualify for either community sanctions under the Criminal Punishment Code or sentencing under the Florida Youthful Offender Act; (b) wish to participate in the drug court model; (c) not have any violent felony offense pending; (d) never have been previously adjudicated quality of a violent felony; (e) not have any offense pending that is greater than a third-degree felony; (f) not have any offense pending that is dealing or selling of controlled substances; and (g) not wish in any way to contest the criminal charges. After completing a background check, the defendant sign a contract in which he or she agrees to complete a drug treatment program and the State Attorney's office agrees to drop the charges upon completion of that program. Notwithstanding any provision of this section, a person who is charged with a nonviolent felony and is identified as having a substance abuse problem or is charged with a felony of the second or third degree for purchase or possession of a controlled substance under chapter 893, prostitution, tampering with evidence, solicitation for purchase of a controlled substance, or obtaining a prescription by fraud; who has not been charged with a crime involving violence, including, but not limited to, murder, sexual battery, robbery, carjacking, home-invasion robbery, or any other crime involving violence; and who has not previously been convicted of a felony is eligible for voluntary admission into a pretrial substance abuse education and treatment intervention program, including a treatment-based drug court program established pursuant to s. 397.334, approved by the chief judge of the circuit, for a period of not less than 1 year in duration, upon motion of either party or the court's own motion.

FLORIDA STATE /HILLSBOROUGH COUNTY COURT ELIGIBILITY

Criminal Division

DRUG COURT	
Adult Pretrial Intervention Misdemeanor Pretrial	**MISDEMEANOR PRETRIAL SUBSTANCE ABUSE EDUCTION AND TREATMENT INTERVENTION PROGRAM.** (l)(a) A person who is charged with a nonviolent, non-traffic related misdemeanor and identified as having a substance abuse problem or who is charged with a misdemeanor for possession of a controlled substance or drug paraphernalia under chapter 893, prostitution under s. 796.07, possession of alcohol while under 21 years of age under s. 562.111, or possession of a controlled substance without a valid prescription under s. 499.03 and who has not previously been convicted of a felony, is eligible for voluntary admission into a misdemeanor pretrial substance abuse education and treatment intervention program, including a treatment-based drug court program established pursuant to s. 397.334, approved by the chief judge of the circuit, for a period based on the program requirements and the treatment plan for the offender, upon motion of either party or the court's own motion, except, if the state attorney believes the facts and circumstances of the case suggest the defendant is involved in dealing and selling controlled substances, the court shall hold a preadmission hearing. If the state attorney establishes, by a preponderance of the evidence at such hearing, that the defendant was involved in

Substance Abuse Intervention	dealing or selling controlled substances, the court shall deny the defendant's admission into the pretrial intervention program. (b) While enrolled in a pretrial intervention program authorized by this section, the participant is subject to a coordinated strategy developed by a drug court team under s. 397.334(4). The coordinated strategy may include a protocol of sanctions that may be imposed upon the participant for noncompliance with program rules. The protocol of sanctions may include, but is not limited to, placement in a substance abuse treatment program offered by a licensed service provider as defined in s.397.311 or in a jail-based treatment program or serving a period of incarceration within the time limits established for contempt of court. The coordinated strategy must be provided in writing to the participant before the participant agrees to enter into a pretrial treatment-based drug court program or other pretrial intervention program. Any person whose charges are dismissed after successful completion of the treatment-based drug court program, if otherwise eligible, may have his or her arrest record and plea of nolo contendere to the dismissed charges expunged under s. 943.0585.
Mental Health	Notwithstanding any provision of this section, a defendant is eligible for voluntary admission into a pretrial mental health court program established pursuant to s. 394.47892 and approved by the chief judge of the circuit for a period to be determined by the court, based on the clinical needs of the defendant, upon motion of either party or the court's own motion if: 1. The defendant is identified as having a mental illness; 2. The defendant has not been convicted of a felony; and 3. The defendant is charged with: a. A nonviolent felony that includes a third degree felony violation of chapter 810, or any other felony offense that is not a forcible felony as defined in s. 776.08; b. Resisting an officer with violence under s. 843.01, if the law enforcement officer and state attorney consent to the defendant's participation; c. Battery on a law enforcement officer under s. 784.07, if the law enforcement officer and state attorney consent to the defendant's participation; or d. Aggravated assault, if the victim & state attorney consent to the defendant's participation

FLORIDA STATE /HILLSBOROUGH COUNTY COURT ELIGIBILITY
Criminal Division

Mentally Deficient and Mentally Ill Defendants	
Involuntary Commitment	**916.13 INVOLUNTARY COMMITMENT OF DEFENDANT ADJUDICATED INCOMPETENT**

	(1) Every defendant who is charged with a felony and who is adjudicated incompetent to proceed may be involuntarily committed for treatment upon a finding by the court of clear and convincing evidence that: (a) The defendant has a mental illness and because of the mental illness: 1. The defendant is manifestly incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services, and, without treatment, the defendant is likely to suffer from neglect or refuse to care for herself or himself and such neglect or refusal poses a real and present threat of substantial harm to the defendant's well-being; or 2. There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on herself or himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm; (b) All available, less restrictive treatment alternatives, including treatment in community residential facilities or community inpatient or outpatient settings, which would offer an opportunity for improvement of the defendant's condition have been judged to be inappropriate; and (c) There is a substantial probability that the mental illness causing the defendant's incompetence will respond to treatment and the defendant will regain competency to proceed in the reasonably foreseeable future. (2) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed due to mental illness, and who meets the criteria for involuntary commitment under this chapter, may be committed to the department, and the department shall retain and treat the defendant. (a) Within 6 months after the date of admission and at the end of any period of extended commitment, or at any time the administrator or designee determines that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure. (b) A competency hearing shall be held within 30 days after the court receives notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment. The defendant must be transported to the committing court's jurisdiction for the hearing.
Involuntary Commitment by Reason of Insanity	**916.15 INVOLUNTARY COMMITMENT OF DEFENDANT ADJUDICATED NOT GUILITY BY REASON OF INSANITY:** (1) The determination of whether a defendant is not guilty by reason of insanity shall be determined in accordance with Rule 3.217, Florida Rules of Criminal Procedure. (2) A defendant who is acquitted of criminal charges because of a finding of not guilty by reason of insanity may be involuntarily committed pursuant to such finding if the defendant has a mental illness and, because of the illness, is manifestly dangerous to himself or herself or others. (3) Every defendant acquitted of criminal charges by reason of insanity and found to meet the criteria for involuntary commitment may be committed and treated in accordance with the

	provisions of this section and the applicable Florida Rules of Criminal Procedure. The department shall admit a defendant so adjudicated to an appropriate facility or program for treatment and shall retain and treat such defendant. No later than 6 months after the date of admission, prior to the end of Any period of extended commitment, or at any time the administrator or designee shall have determined that the defendant no longer meets the criteria for continued commitment placement, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure. (4) In all proceedings under this section, both the defendant and the state shall have the right to a hearing before the committing court. Evidence at such hearing may be presented by the hospital administrator or the administrator's designee as well as by the state and the defendant. The defendant shall have the right to counsel at any such hearing. In the event that a defendant is determined to be indigent pursuant to s. 27.52, the public defender shall represent the defendant. The parties shall have access to the defendant's records at the treating facilities and may interview or depose personnel who have had contact with the defendant at the treating facilities. (5) The commitment hearing shall be held within 30 days after the court receives notification that the defendant no longer meets the criteria for continued commitment. The defendant must be transported to the committing court's jurisdiction for the hearing.
Involuntary Commitment Incompetent to Proceed	916.302 INVOLUNTARY COMMITMENT OF DEFENDANT DETERMINED TO BE INCOMPETENT TO PROCEED: (1) CRITERIA. Every defendant who is charged with a felony and who is adjudicated incompetent to proceed due to intellectual disability or autism may be involuntarily committed for training upon a finding by the court of clear and convincing evidence that: (a) The defendant has an intellectual disability or autism; (b) There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on himself or herself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm; (c) All available, less restrictive alternatives, including services provided in community residential facilities or other community settings, which would offer an opportunity for improvement of the condition have been judged to be inappropriate; and (d) There is a substantial probability that the intellectual disability or autism causing the defendant's incompetence will respond to training and the defendant will regain competency to proceed in the reasonably foreseeable future. **(2)** ADMISSION TO A FACILITY (a) A defendant who has been charged with a felony and who is found to be incompetent to proceed due to intellectual disability or autism, and who meets the criteria for involuntary commitment to the agency under this chapter, shall be committed to the agency, and the agency shall retain and provide appropriate training for the defendant. Within 6 months after the date of admission or at the end of any period of extended commitment or at any time the administrator or designee determines that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court

	pursuant to this chapter and the applicable Florida Rules of Criminal Procedure. (b) A defendant determined to be incompetent to proceed due to intellectual disability or autism may be ordered by a circuit court into a forensic facility designated by the agency for defendants who have an intellectual disability or autism. (c) The agency may transfer a defendant from a designated forensic facility to another designated forensic facility and must notify the court of the transfer within 30 days after the transfer is completed. (d) The agency may not transfer a defendant from a designated forensic facility to a civil facility without first notifying the court, and all parties, 30 days before the proposed transfer. If the court objects to the proposed transfer, it must send its written objection to the agency. The agency may transfer the defendant unless it receives the written objection from the court within 30 days after the court's receipt of the notice of the proposed transfer. (3) PLACEMENT OF DUALLY DIAGNOSED DEFENDANTS (a) If a defendant has both an intellectual disability or autism and a mental illness, evaluations must address which condition is primarily affecting the defendant's competency to proceed. Referral of the defendant should be made to a civil or forensic facility most appropriate to address the symptoms that are the cause of the defendant's incompetence. (b) Transfer from one civil or forensic facility to another civil or forensic facility may occur when, in the department's and agency's judgment, it is in the defendant's best treatment or training interests. The department and agency shall submit an evaluation and justification for the transfer to the court. The court may consult with an outside expert if necessary. Transfer will require an amended order from the committing court.

Adult Post-Adjudication	The ADULT POST-ADJUDICATION COURT is designed to treat and assist those individuals whose drug and alcohol problems have resulted in being charged with a 3rd degree felony. The purpose of the drug court division is to provide a non-adversarial forum, in addition to the pre-trial intervention program, whereby an individual who meets the eligibility criteria and wishes to avail himself or herself of the benefits of drug court treatment may do so by pleading guilty and entering into a drug court treatment program as determined by the judge presiding in the drug court division. Drug Court Eligibility In order for a case to remain pending in Drug Court Division "Y" after the initial filing, a defendant must: (a) qualify for either community sanctions under the Criminal Punishment Code or sentencing under the Florida Youthful Offender Act; (b) wish to participate in the drug court model; (c) not have any violent felony offense pending; (d) never have been previously adjudicated guilty of a violent felony; (e) not have any offense pending that is greater than a third degree felony; (f) not have any offense pending that is dealing or selling of controlled substances; and. (g) not wish in any way to contest the criminal charges.
Drug Offender Probation	**948.20 DRUG OFFENDER PROBATION** (1) If it appears to the court upon a hearing that the defendant is a chronic substance abuser whose criminal conduct is a violation of s. 893.13(2)(a) or (6)(a), or other nonviolent felony if such nonviolent felony is committed on or after July 1, 2009, and notwithstanding s. 921.0024 the defendant's Criminal Punishment Code score sheet total sentence points are 60 points or fewer, the court may either adjudge the defendant guilty or stay and withhold the adjudication of guilt. In either case, the court may also stay and withhold the imposition of sentence and place the defendant on drug offender probation or into a post-adjudicatory treatment-based drug court program if the defendant otherwise qualifies. As used in this section, the term “nonviolent felony” means a third degree felony violation under chapter 810 or any other felony offense that is not a forcible felony as defined in s. 776.08. (2) The Department of Corrections shall develop and administer a drug offender probation program which emphasizes a combination of treatment and intensive community supervision approaches and which includes provision for supervision of offenders in accordance with a specific treatment plan. The program may include the use of graduated sanctions consistent with the conditions imposed by the court. Drug offender probation status shall include surveillance and random drug testing, and may include those measures normally associated with community control, except that specific treatment conditions and other treatment approaches necessary to monitor this population may be ordered. **(3)** Offenders placed on drug offender probation are subject to revocation of probation as provided in s. 948.06

FLORIDA STATE /HILLSBOROUGH COUNTY COURT ELIGIBILITY
Criminal Division

VETERANS TREATMENT COURT	
	Consolidation of the separate misdemeanor and felony veterans' treatment courts will facilitate continued effective and efficient operation of a Veterans Treatment Court. This consolidated specialized Veterans Treatment Court will enable consideration of the unique nature of the issues related to veterans, the need for appropriate treatment in an environment conducive to wellness, as well as the continuing necessity to ensure the protection of the public. The Veterans Treatment Court will expeditiously and efficiently divert veterans with service-related issues into available veteran treatment programs without compromising the safety of the public. This specialized court division will increase the efficiency of the criminal court system and permit access to state, local and federal services and resources by utilizing Veterans Administration and Veteran Mentor Volunteer resources and support systems. The Veterans Treatment Court consists of both a Pretrial Intervention Program component and a Post-Adjudicatory component. Eligibility Criteria for Pretrial Intervention Program In order to participate in the Pretrial Intervention Program component of the Veterans Treatment Court, a defendant must meet the following criteria: A. Misdemeanor Cases - section 948.16, Florida Statutes Veteran or Service Member The defendant is a veteran, as defined in section 1.01, Florida Statutes, including a veteran who is discharged or released under a general discharge, or a service member, as defined in section 250.01, Florida Statutes. Service Related Condition The defendant suffers from a military service-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem. Voluntary Participation The defendant voluntarily agrees to participate in the Veterans Treatment Court for a period of time based on the program's requirements and the treatment plan for the offender. Eligible Criminal Offenses The defendant is charged with a city ordinance violation a county ordinance violation, or a misdemeanor offense. Second Chance Denial The court may deny the defendant admission into the misdemeanor pretrial veteran's treatment intervention program if the defendant has previously entered a court-ordered veterans treatment program.

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B. <u>Felony Cases</u> – section 948.08, Florida Statutes <u>Veteran or Service Member</u>
The defendant is a veteran, as defined in section 1.01, Florida Statutes, including a veteran who is discharged or released under a general discharge, or a service member, as defined in section 250.01, Florida Statutes.

<u>Service-Related Condition</u>
The defendant suffers from a military service-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem.

<u>Voluntary Participation</u>
The defendant is eligible for voluntary admission into the pretrial Veterans Treatment Court upon motion of either party or the court's own motion.

<u>Eligible Criminal Offenses</u>
The defendant is charged with a felony, other than a felony listed in section 948.06(8)(c), Florida Statutes.

<u>Second Chance Denial</u>
The court may deny the defendant admission into the pretrial veterans treatment intervention program if:
(1) the defendant was previously offered admission to a pretrial veterans treatment intervention program at any time before trial and the defendant rejected that offer on the record; or
(2) the defendant has previously entered a court-ordered veterans treatment program.

<u>Veterans Administration Services or Other Resources</u>
The defendant must be eligible to receive services for evaluation and treatment planning through the Veterans Administration and Veteran Mentor Volunteer resources and support systems, or other available court-approved state, local, or federal resources.
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<tr><td colspan="2">COUNTY CRIMINAL DIVISION PROCEDURES</td></tr>
<tr><td></td><td>Chapter 2016-187, Laws of Florida, enhances the criminal penalty for three or more violations of injunctions for protection against domestic violence to a felony. It is necessary for the proper and efficient administration of justice to clarify that County Criminal Division "F" presides over only misdemeanor violations of section 741 .31, Florida Statutes:</td></tr>
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"County ordinance violation" means a violation of a Hillsborough County ordinance which:
(a) is initiated by summons, notice to appear, or arrest;
(b) includes incarceration as potential punishment; and
(c) excludes county ordinance citation violations.

"Municipal ordinance violation" means a violation of an ordinance of a municipality which:
(a) is initiated by summons, notice to appear, or arrest;
(b) includes incarceration as potential punishment; and
(c) excludes municipal ordinance citation violations."
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Appendix 4:
Definitions

Appendix 4: Definitions	
Abuse	*Any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child's physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.*
Addictions receiving facility (ARF)	*A secure, acute care facility that provides, at a minimum, detoxification and stabilization services; is operated 24 hours per day, 7 days per week; and is designated by the department to serve individuals found to be substance use impaired as described ins. 397.675 who meet the placement criteria for this component.*
Administrator	*The chief administrative officer of a receiving or treatment facility or his or her designee.*
Adolescent or youth	*A person who is at least 13 years of age but under 18 years of age.*
Adult	*An individual who is 18 years of age or older or who has had the disability of nonage removed under chapter 743.*
Ancillary services	*Services that include, but are not limited to, special diagnostic, prenatal and postnatal, other medical, mental health, legal, economic, vocational, employment, and educational services.*
Assessment services	*The evaluation of individuals and families in order to identify their strengths and determine their required level of care, motivation, and need for treatment and ancillary services.*
Baker Act	*Chapter 394, Part I, Florida Statutes; regulates mental health services; provides for the involuntary examination of individuals who, due to mental illness, present a threat to themselves or others, or are unable to care for themselves on a basic level; allows individuals who are competent to consent to be admitted for crisis services on a voluntary basis if they appear to have a mental illness and may benefit from treatment.*
Care coordination	*The implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.*
Case manager	*A person who is responsible for participating in the development of and implementing a services plan, linking service providers to a child or adolescent and his or her family, monitoring the delivery of services, providing*

	advocacy services, and collecting information to determine the effect of services and treatment.
Case management	*Direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.*
Case management services	*Intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. Resources may include treatment or rehabilitative or supportive interventions by both formal and informal providers. Case management may include an assessment of client needs; intervention planning with the client, his or her family, and service providers; linking the client to needed services; monitoring service delivery; evaluating the effect of services and supports; and advocating on behalf of the client.*
Central Receiving System (CRS)	*As described in subsection 394.4573(2)(b)2., F.S. Click {here} for Florida Statute.*
Child	*A person from birth until the person's 13th birthday. "Circuit" means any of the 20 judicial circuits as set forth in s. 26.021.*
Coordinated system of care	*The array of mental health services and substance abuse services described ins. 394.4573. Coordinated system of care means the full array of behavioral and related services in a region or community offered by all service providers, whether participating under contract with the managing entity or by another method of community partnership or mutual agreement.*
Court	*Unless otherwise specified, means the circuit court.*
Crisis stabilization services	*Brief, intensive services provided twenty-four (24) hours per day, seven (7) days per week for individuals experiencing a mental health crisis. Crisis stabilization services include services associated with involuntary examination and voluntary admission under the Baker Act.*
Crisis stabilization unit (CSU)	*A program that provides an alternative to inpatient hospitalization and that provides brief, intensive services 24 hours a day, 7 days a week, for mentally ill individuals who are in an acutely disturbed state. (s. 394.67(4), F.S.)*
Delinquency program	*Any intake, probation, or similar program; regional detention center or facility; or community-based program, whether owned and operated by or contracted by the department, or institution owned and operated by or contracted by the department, which provides intake, supervision, or custody and care of children who are alleged to be or who have been found to be delinquent.*
Designated receiving facility (DRF)	*A facility approved by the department which may be a public or private hospital, crisis stabilization unit, or addictions receiving facility; which provides, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders; and which may have an*

	agreement with a corresponding facility for transportation and services.
Detoxification	*A service involving sub-acute care that is provided on an inpatient or an outpatient basis to assist individuals to withdraw from the physiological and psychological effects of substance abuse and who meet the placement criteria for this component.*
Detoxification facility	*A facility licensed to provide detoxification services under chapter 397.*
Guardian	*The natural guardian of a minor, or a person appointed by a court to act on behalf of a ward's person if the ward is a minor or has been adjudicated incapacitated.*
High-need or high-utilization individual	*A recipient who meets one or more of the following criteria and may be eligible for intensive case management services:* *1. Has resided in a state mental health facility for at least 6 months in the last 36 months;* *2. Has had two or more admissions to a state mental health facility in the last 36 months; or* *3. Has had three or more admissions to a crisis stabilization unit, an addictions receiving facility, a short-term residential facility, or an inpatient psychiatric unit within the last 12 months.*
Hospital	*A hospital facility as defined in s. 395.002 and licensed under chapter 395 and part II of chapter 408.*
Impaired or substance abuse impaired	*A condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.*
Informed consent	*Consent voluntarily given in writing by a competent person after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion.*
Intervention	*Structured services directed toward individuals or groups at risk of substance abuse and focused on reducing or impeding those factors associated with the onset or the early stages of substance abuse and related problems.*
Intervention services	*Include early identification, short-term counseling and referral, and outreach.*
Involuntary services	*An array of behavioral health services that may be ordered by the court for persons with substance abuse impairment or co-occurring substance abuse impairment and mental health disorders.*
Law enforcement officer	*A law enforcement officer as defined in s. 943.10(1).*
Lean Six Sigma	*A methodology that relies on a collaborative team effort to improve performance by systematically removing waste and reducing variation. It combines lean manufacturing/lean enterprise and Six Sigma to eliminate the seven kinds of waste:* • *Overproduction*

	• *Waiting time* • *Transport* • *Inappropriate Processing* • *Excess Inventory* • *Unnecessary Motion Defects*
Managing entity	*A corporation selected by and under contract with the department to manage the daily operational delivery of behavioral health services through a coordinated system of care.*
Mental illness	*An impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse.*
Mental health services	*Those therapeutic interventions and activities that help to eliminate, reduce, or manage symptoms or distress for persons who have severe emotional distress or a mental illness and to effectively manage the disability that often accompanies a mental illness so that the person can recover from the mental illness, become appropriately self-sufficient for his or her age, and live in a stable family or in the community. The term also includes those preventive interventions and activities that reduce the risk for or delay the onset of mental disorders.*
Minor	*An individual who is 17 years of age or younger and who has not had the disability of nonage removed pursuant to s. 743.01 ors. 743.015. 467 Florida.*
Mobile response service	*A nonresidential crisis service attached to a public receiving facility and available 24 hours a day, 7 days a week, through which provides immediate intensive assessments and interventions, including screening for admission into a mental health receiving facility, an addictions receiving facility, or a detoxification facility, take place for the purpose of identifying appropriate treatment services.*
NIATX	*A model of process improvement specifically for behavioral health care settings to improve access to and retention in treatment. The NIATx model consist of Four Aims, Five Principles, Promising Practices and the Learning Collaborative.*
No-wrong-door model	*A model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.*
Neglect	*When a person is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child's physical,*

	mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired.
Outpatient treatment	*A service that provides individual, group, or family counseling by appointment during scheduled operating hours for individuals who meet the placement criteria for this component.*
Probation	*The legal status of probation created by law and court order in cases involving a child who has been found to have committed a delinquent act. Probation is an individualized program in which the freedom of the child is limited and the child is restricted to non-institutional quarters or restricted to the child's home in lieu of commitment to the custody of the department. Youth on probation may be assessed and classified for placement in day-treatment probation programs designed for youth who represent a minimum risk to themselves and public safety and do not require placement and services in a residential setting.*
Prevention services	*Include information dissemination; education regarding the consequences of substance abuse; alternative drug-free activities; problem identification; referral of persons to appropriate prevention programs; community-based programs that involve members of local communities in prevention activities; and environmental strategies to review, change, and enforce laws that control the availability of controlled and illegal substances.*
Quality improvement	*A systematic and organized approach to monitor and continuously improve the quality of services in order to maintain, restore, or improve outcomes in individuals and populations throughout a system of care.*
Qualified professional	*A physician or a physician assistant licensed under chapter 458 or chapter 459; a professional licensed under chapter 490 or chapter 491; an advanced registered nurse practitioner licensed under part I of chapter 464; or a person who is certified through a department-recognized certification process for substance ·abuse treatment services and who holds, at a minimum, a bachelor's degree. A person who is certified in substance abuse treatment services by a state-recognized certification process in another state at the time of employment with a licensed substance abuse provider in this state may perform the functions of a qualified professional as defined in this chapter but must meet certification requirements contained in this subsection no later than 1 year after his or her date of employment.*
Rehabilitative services	*Intended to reduce or eliminate the disability that is associated with mental illness. Rehabilitative services may include assessment of personal goals and strengths, readiness preparation, specific skill training, and assistance in designing environments that enable individuals to maximize their functioning and community participation. Rehabilitation services, which include residential, outpatient, day or night,*

	case management, in-home, psychiatric, and medical treatment, and methadone or medication management.
Recovery	*A process of personal change through which individuals achieve abstinence from alcohol or drug use and improve health, wellness, and quality of life.*
Recovery support	*Services designed to strengthen or assist individuals to regain skills, develop the environmental supports necessary to help the individual thrive in the community, and meet life goals that promote recovery from alcohol and drug use. These services include, but are not limited to, economic, vocational, employment, educational, housing, and other ancillary services.*
Residential treatment	*A service provided in a structured live-in environment within a nonhospital setting on a 24-hours-per-day, 7-days-per-week basis, and is intended for individuals who meet the placement criteria for this component.*
Screening	*The gathering of initial information to be used in determining a person's need for assessment, services, or referral.*
Service provider or provider	*A public agency, a private for-profit or not-for-profit agency, a person who is a private practitioner, or a hospital licensed under this chapter or exempt from licensure under this chapter.*
Service provider	*A receiving facility, any facility licensed under chapter 397, a treatment facility, an entity under contract with the department to provide mental health or substance abuse services, a community mental health center or clinic, a psychologist, a clinical social worker, a marriage and family therapist, a mental health counselor, a physician, a psychiatrist, an advanced registered nurse practitioner, a psychiatric nurse, or a qualified professional as defined in this section.*
Substance abuse impairment	*A condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.*
Substance abuse services	*Services designed to prevent or remediate the consequences of substance abuse, improve an individual's quality of life and self-sufficiency, and support long- term recovery.*
Support services	*Include services that assist individuals in living successfully in environments of their choice. Such services may include income supports, social supports, housing supports, vocational supports, or accommodations related to the symptoms or disabilities associated with mental illness.*
Taken into custody	*Any state-owned, state-operated, or state-supported hospital, center, or clinic designated by the department for extended treatment and hospitalization, beyond that provided for by a receiving facility, of persons who have a mental illness or substance abuse disorders, including facilities of the United States Government, and any private facility designated by the department when rendering such services to a person*

	pursuant to 599 the provisions of this part. Patients treated in facilities of the United States Government shall be solely those whose care is the responsibility of the United States Department of Veterans Affairs.
Trauma-informed care	*Services that are provided to children with a history of trauma, recognizing the symptoms of trauma and acknowledging the role that trauma has played in the child's life. Trauma may include, but is not limited to, community and school violence, physical or sexual abuse, neglect, medical difficulties, and domestic violence.*
Treatment facility	*The status of a child immediately when temporary physical control over the child is attained by a person authorized by law, pending the child's release, detention, placement, or other disposition as authorized by law.*
Voluntary admission	*The admission of an individual to a facility with the individual's express and informed consent.*

Hillsborough County Behavioral Health Transportation Plan

3-Year Renewal: 2022-2025

In accordance with
Florida Statute 394, Florida Mental Health Act
Florida Statute 397, Hal S. Marchman Alcohol and Other Drug Services Act

Approved by:
Hillsborough County Health Care Advisory Board

Approved by:
Hillsborough County Board of County Commissioners

Submitted to:
Florida Department of Children and Families
Suncoast Region
Substance Abuse and Mental Health Program Office

For approval by:
Shevaun Harris, Cabinet Secretary
Florida Department of Children and Families

2022-2025

Hillsborough County Transportation Plan

In accordance with the changes promulgated by Senate Bill 12 (2016) to section 394.462(4), Florida Statutes, commonly referred to as the Baker Act, and section 397.6795, Florida Statutes, commonly referred to as the Marchman Act, the Department of Children and Families (DCF) Suncoast Region is requesting approval from the Secretary of DCF for this Transportation Plan. This Plan serves as
a vital component of the comprehensive plan for a Designated Receiving System in Hillsborough County to meet the behavioral health needs of persons in crisis due to mental and/or substance use conditions.

The Transportation Plan describes how the community shall support and facilitate access to the Designated Receiving System. This includes the circumstances to guide selection of the most appropriate transportation method, e.g., law enforcement, medical services, contracted non-emergency provider, or family/friends; how transportation between participating facilities is handled; respect for individual choice of service providers; and funding to sustain a successful system of efficient and humane transportation for crisis intervention and care. Approval of this plan allows DCF and its community partners the authority to continue to provide immediate access to emergency services for persons in need of help for behavioral health disorders, supporting a comprehensive and successful system of acute care.

Section 394.4573 requires counties to plan a designated receiving system using a process that includes the Managing Entity and the participation of individuals with behavioral health needs and their families, service providers, law enforcement agencies, and other stakeholders; and to document the designated receiving system through written memoranda of agreement or other binding arrangements. Managing Entities manage, administer and ensure accountability of state and federal funds for local substance abuse and mental health services within a network of over 300 providers around Florida. Managing Entities bring value to the state, communities, providers and most importantly vulnerable Floridians by promoting improved access to care, supporting the behavioral health workforce and ensuring accountability and transparency in the efficient use of taxpayer dollars. Section 394.4573(2)(b) outlines three possible organizational structures that a county or counties may adopt to fulfill the functions of a no-wrong-door model that responds to individual needs and integrates services among various providers. Those models include:

a. A central receiving system that consists of a designated central receiving facility that serves as a single entry point for persons with mental health or substance use disorders, or co-occurring disorders. The central receiving facility shall be capable of assessment, evaluation, and triage or treatment or stabilization of persons with mental health or substance use disorders, or co-occurring disorders.

b. A coordinated receiving system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated receiving facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.

c. A tiered receiving system that consists of multiple entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility or another type of service provider, such as a triage center, a licensed detoxification facility, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

Hillsborough County chose the Central Receiving System Model. The Central Receiving Facility (CRF) provides a comprehensive and efficient "no wrong door" to the Designated Receiving System for persons in crisis. A 'No Wrong Door' approach means that every door in the public support service system should be the right door with a range of services being accessible to everyone from multiple points of entry. This commits all services to respond to the individual's needs through either providing direct services or linkage and case co- ordination, rather than sending a person from one agency to another. Section 394.4573(1) (d), F.S., defines the No Wrong Door (NWD) model as "a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

CFBHN acute care providers adopted the NWD philosophy to ensure that a person is assessed utilizing co-occurring capable processes. The goal is to link the person to the appropriate needed services, in the right frequency, and at the appropriate level of care. This includes treatment and social support services. The NWD philosophy provides easy and convenient access to treatment. The acute care providers and local receiving facilities, transportation companies and law enforcement have agreements in place to ensure the most efficient and least impactful process to the individual.

The commitment to the NWD concept was fully implemented in various counties in the SunCoast Region via Central Receiving Systems (CRS). Although the concept is throughout the region, and ongoing training and contract requirements are in place, these services offered at the current CRS facilities represent a more advanced model that reaches across professions, providers, and service providers, including medical services.

Individuals and families, first responders, and law enforcement do not have to spend time determining the appropriate service agency, or providing secondary transport if they choose the "wrong" facility. This model enables law enforcement officers to return to patrol more quickly. The CRF offers prompt access to screening and triage, and to crisis stabilization on an outpatient or inpatient basis (CSU or Detox). The CRF serves persons age 18 and over. Youths age 17 and under will continue to be transported to the most appropriate Baker Act or Marchman Act designated receiving facility. The CRF also provides care coordination for persons who meet criteria for high need/high utilization of acute care. For purposes of the Designated Receiving System, this is defined as three or more acute inpatient episodes of care, or having stayed sixteen or more days in a Crisis Stabilization Unit (CSU) or Addictions Receiving Facility (ARF), within a six-month period. The attached flow chart (*Attachment D*) is a snapshot of how the Central Receiving Facility functions within a designated receiving system of care.

This plan is developed to address the transportation to support the designated receiving system, congruent with the section 394.462 (4) and 397.6795, Florida Statutes (2020). The plan:

1. Describes arrangements for safe and dignified transportation that supports the designated receiving system, as required under F.S. 394.461(5).
2. Describes methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811.
3. Specifies how persons shall be transported to, from, or between participating facilities when necessary and agreed to, including persons unable to pay the expense of transportation, pursuant to s. 394.462(2).
4. Complies with the transportation provisions of s. 394.462 and ss. 397.6772, 397.6795, 397.6822, and 397.697.
5. Designates a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the appropriate facility within the designated receiving system for examination, per s. 394.462(1) (a).

The plan, along with an accurate inventory of designated receiving facilities and related public resources to provide care for persons in need of behavioral health acute care services, shall be maintained and available to law enforcement and to first responders, per s. 394.4573(2)(b).

Community Partnership & Problem Solving: Background

In 1991, the Baker Act Task Force was established to design an acute care system responsive to persons in need of mental health and substance abuse services. This original task force was composed of key stakeholders in Hillsborough County including city and county governments, law enforcement, community agencies, hospitals, and individuals and families served. The task force took an acute care system that was in crisis due to a lack of financial resources and service capacity, and through collaboration created an acute care model that has won state and national awards, including:

- The top Davis Productivity Award for the State of Florida (1997)
- National Innovation Award by the Partnership for Behavioral Healthcare –Presented to DCF in Washington, DC
- District 6 DCF Partnership Award to Mental Health Care, Inc. and the Baker Act Committee
- Nominated by the Secretary of DCF for the "Innovations in American Government Award" – Kennedy School of Government Harvard University & the Ford Foundation

The original task force was transitioned into an Acute Care Committee that continues to meet on a monthly basis under the auspices of the Managing Entity to address operational issues.

Historically, persons transported under the Baker Act for mental health services were required to go to the nearest receiving facility, unless an exception was approved first by the governing board of the county requesting the transportation exception, and then by the Secretary of the Florida Department of Children and Families (DCF). Pursuant to this, Hillsborough County has had a Transportation Exception Plan (TEP) in effect since April 1997. The Secretary of DCF renewed the original plan in 2002, 2007, and 2012, after approval by the Hillsborough County Board of County Commissioners. Key features of the TEP included provisions to (1) transport persons in need of mental health services under the Baker Act to a centralized assessment location rather than the nearest receiving facility; (2) provide required psychiatric services and an environment uniquely tailored to the needs of identified special needs groups, such as the frail elderly; and (3) offer specialized services for efficiently and humanely transporting patients to and among receiving facilities, and to treatment facilities.

Community Partnership & Problem Solving: Contemporary Perspectives

In 2016, the Florida Legislature passed Senate Bill 12, which made several significant changes to F.S. 394 and 397 effective July 1, 2016. A full summary of the legislation is beyond the scope of this Transportation Plan, but listed below are several key provisions of the law that inform and guide this Plan's development.

- Creates a designated receiving system that functions as a "no wrong door" model for acute care encompassing screening, triage, and assessment
- Supports a recovery-oriented system of care that addresses the needs of persons with behavioral health disorders through comprehensive, integrated services
- Requires counties to develop and implement transportation plans that support the designated receiving system
- Revises transportation requirements
- Requires law enforcement to develop policies on transportation and share their protocols with the Managing Entity
- Revises requirements for notice and transfer of records when public receiving facilities transfer patients to licensed hospitals
    - Requires data collection and reporting on Marchman Act utilization, as well as Baker Act, and transfers responsibility to collect and report this data from the Agency for Health Care Administration (AHCA) to DCF
- Establishes new categories of persons authorized to file professional certificates for involuntary assessment and stabilization under the Marchman Act

The Hillsborough County Acute Care Committee, a community-wide planning group, analyzes the local Baker Act system on an ongoing basis and agreed that this transportation plan is in the best interests of individuals and the community. A Subcommittee of the Acute Care Committee was established to review the existing Transportation Plan and present updates to the Hillsborough Acute Care Committee.

The following organizations and community-based planning groups that support the Hillsborough County Behavioral Health Transportation Plan agree to implement this Transportation Plan and will

continue to develop a quality improvement and long-range service expansion plan:

- 13th Judicial Circuit Public Defender's Office
- 13th Judicial Circuit State Attorney's Office
- Agency for Community Treatment Services (ACTS)
- Baycare Health Systems: St. Joseph's Hospital
- Central Florida Behavioral Health Network
- Department of Children and Families, SunCoast Region Substance Abuse and Mental Health Program Office
- Cove Behavioral Health, Inc.
- Gracepoint
- HCA Healthcare / West Florida Division: Tampa Community – HCA Florida West Tampa Hospital
- Hillsborough Board of County Commissioners
- Hillsborough County Sheriff's Office
- Individuals and Families
- James A. Haley Veterans Administration Medical Center
- National Alliance on Mental Illness, Hillsborough County
- Northside Behavioral Health Center
- Phoenix Programs of Florida, Inc.
- Plant City Police Department
- Tampa Crossroads, Inc.
- Tampa Police Department
- Temple Terrace Police Department
- The Crisis Center of Tampa Bay, and TransCare
- University of South Florida, Department of Mental Health Law and Policy, Florida Mental Health Institute

This plan is to be submitted to the Hillsborough County Health Care Advisory Board for review. The Advisory Board serves as the County-recognized body to recommend approval of the plan to the Board of County Commissioners. The Board has the final authority to give approval to submit the plan to the Substance Abuse and Mental Health (SAMH) Program Office of the Suncoast Region DCF.

The Transportation Plan: 2022-2025

This plan takes effect on April 1 of 2022. Objectives for the Plan are to:

- Support the designated receiving system for acute care to provide screening and triage, comprehensive assessments and immediate access to services in Hillsborough County.
- Support diversion from inpatient acute care through outpatient crisis intervention, referral, linkage, and recovery support
- Provide a dignified, humane, and efficient method of transportation to and among acute care and medical facilities, including for persons from nursing homes, assisted living facilities, or other residential settings.

- Continue to contract with a transportation service provider (currently TransCare) to reduce the demand on law enforcement for transportation services.
- Divert admissions from hospital emergency rooms, and maintain updated policies on medical clearance.
- Provide an appropriate alternative to jails and criminal justice system involvement for persons with behavioral health disorders.
- Assist law enforcement with training and on-site assessments (CIT, Mobile Response Team).
- Provide a range of acute care services to treat persons in the least restrictive setting in the community, avoiding state psychiatric civil or forensic hospital admissions.

The Hillsborough Transportation Plan endorses the authority to transport persons in need of services under the Baker Act or Marchman Act to the Central Receiving Facility rather than the nearest receiving facility (see Attachment A). The Central Receiving Facility is part of the Gracepoint Emergency & Acute Care Services Division located at 2212 A & B East Henry Ave. Tampa, FL 33610.

Accessing the Designated Receiving System:

Florida Statutes 394.4625, 394.463, 397.601, and 397.675 outline the different ways persons may access acute care services through the designated receiving system. Involuntary assessment and stabilization may be initiated by the following means:

- Ex parte order issued by a circuit or county court. In those cases, law enforcement shall take the person into custody and deliver him or her to the appropriate facility within the designated receiving system. Law enforcement may decline to transport if the county has a contract with a transportation service provider, and law enforcement presence is not necessary for safety.
- A physician, clinical psychologist, physician's assistant, psychiatric APRN, licensed mental health counselor, licensed clinical social worker, licensed marriage and family therapist, or, for substance abuse services only, a master's level certified addictions professional, may execute a professional certificate. Professionals who initiate a certificate for emergency admission under F.S. 397.679 must indicate whether the person requires transportation assistance for delivery for emergency admission and specify the type of assistance necessary.
- Under F.S.397.6798, a parent, guardian, or legal custodian may initiate a request for involuntary assessment of a minor child by filing an application at a juvenile addictions receiving facility.
- Protective custody: A law enforcement officer may take a person who appears to meet criteria for involuntary examination or assessment into custody and transport him or her to the appropriate facility within the designated receiving system, executing a written report of the circumstances. When the criteria involve substance use, s. 397.6772(1) (b) allows law enforcement to detain adults in jail for their own protection, which is not considered an arrest. In Hillsborough County, the community standard is that jail is the option of last resort, and the goal is for the Central Receiving Facility to make this option unnecessary.

Based on over twenty years of experience and data, it is anticipated that the majority of crisis transportation services will be provided by law enforcement.

Involuntary (Baker Act) Exam Initiations:

While in 2018 40.48% of involuntary (Baker Act) exams were initiated by law enforcement, those who had their exams initiated by health professionals (57.49%) and by ex-parte order of a judge (2.04%) may also have been transported by law enforcement. Note that not all involuntary exam initiations result in admissions. However, there is a need for transport regardless. Patterns of Baker Act exam initiation for adults in Hillsborough County are shown in Table.

Table C: FY18/19 Involuntary Examinations for Hillsborough County Residents by Initiation Type

	Professional Certificate	Law Enforcement	Ex Parte Order
Total	57.49%	40.48%	2.04%
Professional Certificate Type		These percentages are out of the total for involuntary examinations initiated by professional certificate (not out of the total number of involuntary examinations).	
Physician (not a Psychiatrist)	63.95%		
Physician (Psychiatrist)	6.74%		
Licensed Clinical Social Worker	5.21%		
Licensed Mental Health Counselor	16.17%		
Clinical Psychologist	0.66%		
Psychiatric Nurse	0.94%		
Licensed Marriage and Family Therapist	0.00%		
Physician Assistant	0.40%		
Multiple Professional Types Reported	0.75%		
Not Reported	3.23%		

*Source: The Baker Act Florida Mental Health Act Fiscal Year 2018/2019 Annual Report

Baker Act Involuntary Admissions:

The involuntary admission of persons under the Baker Act for psychiatric care that are not able to make well-reasoned, willful, and knowing decisions consistent with Florida Statute 394.455 (15).

Baker Act Voluntary Admissions:

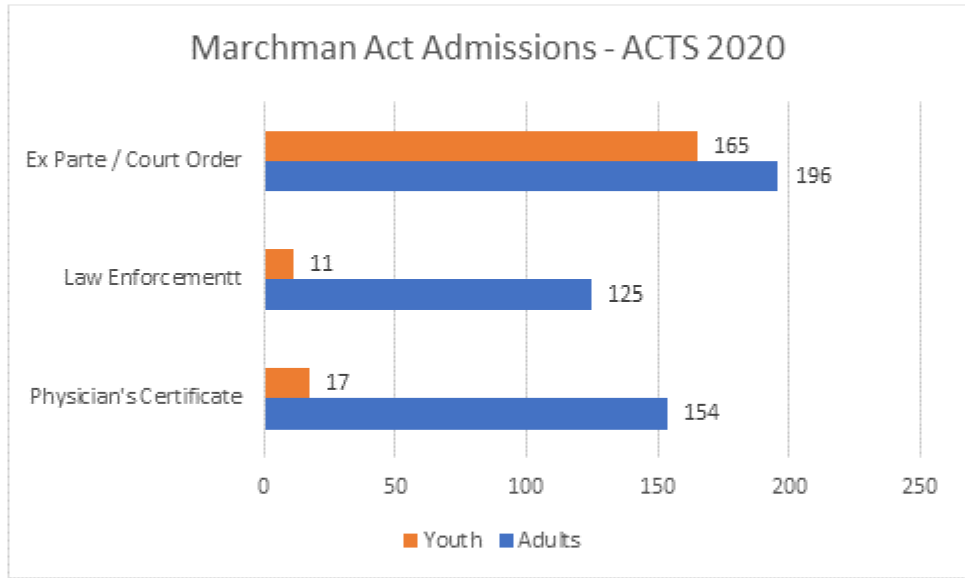
The Baker Act encourages the voluntary admission of persons for psychiatric care, but only when they are able to understand the decision and its consequences and are able to fully exercise their rights for themselves. When this is not possible due to the severity of the person's condition, the law requires that the person be extended the due process rights assured under the involuntary provisions. An adult may apply for voluntary admission if found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment.

Marchman Act Admissions:

Data for Marchman Act admissions to the Addictions Receiving Facilities recorded in the Agency for Community Treatment Services (ACTS) electronic health record indicates that in 2020, out of 2568 admissions to the AARF, 475 were under a Marchman Act. 196 were the result of ex-parte / court order, with 125 initiated by law enforcement and only 154 by a professional certificate. Out of 252 youths admitted to the JARF in 2020, 193 were under a Marchman Act. 165 were initiated

through ex parte / court order, 11 by law enforcement, and 17 by professional certificate. In 2020, there were 41 adults admitted to the AARF who were from out of county.

Figure 2: Marchman Act Admissions – ACTS 2020



Methods of Transportation:

As part of this Plan, the Board of County Commissioners of Hillsborough County shall contract with a provider of alternate, non-law enforcement transportation for persons in need due to experiencing a crisis related to behavioral health. Currently, Hillsborough County contracts with The Crisis Center of Tampa Bay, which operates vehicles through its TransCare Medical Transportation Services ("TransCare") division, to provide these services throughout the County. It is not possible for this Plan to outline every potential factor that may affect the decision on the method of transportation. However, in all cases the primary consideration is safety for the person in crisis and all others who are involved; and providing dignity, respect, and humane treatment for the individuals served during a challenging and difficult time in their lives. The current transportation contractor, TransCare, provides this dignified means of transportation and paraprofessional care to persons experiencing a crisis in their lives that may cause them to pose a danger to themselves or others or to be self-neglectful.

Involuntary Transports:

The alternate provider is not responsible for all involuntary transports. Law enforcement, along with the staff of the transportation provider and any involved clinicians, must make appropriate professional judgments based on the individual circumstances of each situation, determining if law enforcement transport is necessary due to public safety concerns. When law enforcement is not required for transportation to involuntary inpatient placement per Florida Statute 394.467 or of patients under protective custody without consent per Florida Stature 397.6772, the 211 Hotline

or TransCare Dispatch (813-964-1594) should be called to arrange alternate transportation. The alternate provider is responsible to transport persons either directly to the Central Receiving Facility, or to other receiving facilities (see *Attachment A* for a list of facilities); or to area hospitals when there is evidence that basic life support medical care or medical clearance is necessary. In both cases, TransCare can be utilized for transport services, thus reducing the burden on law enforcement. Activation and use of the 911 EMS system should only be sought in the event where there is a clearly defined advance life support medical necessity for that person to receive emergency help.

Voluntary Transports:

TransCare does not transport patients who are seeking voluntary admission that are void of Baker Act or Marchman Act status, unless the patient demonstrates with a basic life support medical condition(s) requiring transportation to the appropriate hospital.

Transports Involving Minors:

Youth ages 17 and younger are transported to the most appropriate receiving facility (currently the Children's Crisis Stabilization Unit (CCSU)) or hospital, not to the Central Receiving Facility. Children below the age of 8, who are transported by TransCare, must be transported by a TransCare ambulance for the safety and wellbeing of the patient.

TransCare may provide transport to or from the Central Receiving Facility as part of its contract with Hillsborough County. In order to meet the requirements of the amended statutes, this plan intends that costs of such transportation shall be borne by private insurance, Medicaid, or Medicare if applicable, or if the person is indigent, by the Hillsborough County acute care transportation contract as the payer of last resort. In accordance with Florida Statute 901.35, the entity providing transportation may seek reimbursement for transportation expenses from a) a private or public third-party payer; b) from the person receiving the transportation; or c) from a financial settlement for medical care, treatment, hospitalization, or transportation payable or accruing to the injured party.

TransCare strives to maintain high availability across Hillsborough County. To support timely service, TransCare requests that sending and receiving facilities be ready to transfer and/or accept care within 15 minutes of arrival. TransCare also provides private paying and Medicaid transportation, and can privately contract with hospitals for transfers to, from, and between Baker or Marchman Act receiving facilities as appropriate and requested. In addition, other private transport companies may transport private paying individuals or may contract with an area hospital.

Specialized Transportation Services:

In accordance with s. 394.462(1) (n), the County shall contract with a non-law enforcement provider (currently TransCare) to provide specialized services to persons living in an Assisted Living Facility (ALF), nursing home, adult day care center, or adult family-care home. Many of these persons are over the age of 60 and some may be frail. Historically, these cases have represented less than 2% of the involuntary Baker Act admissions, and this capability is now expanded to include Marchman Act admissions. This provides a dignified and humane alternative for vulnerable adults. A mobile crisis team, law enforcement, or a family member may request alternative, non-law enforcement transportation by contacting the 2-1-1 Hotline or calling TransCare Dispatch directly.

Recently, with the development of (Telehealth) and (Telemedicine), professional mental health personnel now have the capacity to place an individual under Baker or Marchman Act status without being in the physical presence of the patient. Hillsborough County stakeholders are currently reviewing processes to receive documentation associated with the Baker or Marchman status prior to initiating the transport of the patient to the appropriate facility.

Medical Clearance:

The Acute Care Committee developed “Community Standards for Medical Clearance.” These community guidelines are used to ensure that when medically necessary, persons are treated for high-risk physical health care conditions either at an emergency department or appropriate health care facility. Once a person is medically cleared and medically appropriate, the person will be transferred to the Central Receiving Facility or another appropriate public or private receiving facility.

In the event a person arrives at an emergency room, it is the expectation that the hospital will abide by federal Medicare Guidelines Section 1867, (COBRA) Examination and Treatment for Emergency Medical Conditions and Women in Labor (EMTALA) to screen, examine, stabilize, treat and transfer individuals appropriately. In turn, the designated receiving system shall work with the emergency room to coordinate the ongoing care of the individual, whether it is an outpatient discharge or referral or inpatient treatment. This system has worked well and a significant amount of trust between providers of acute care for behavioral health disorders and area hospitals has been built in order to provide access to care for persons in need of crisis stabilization or health related symptom reduction. After medical clearance, if the individual still meets criteria for transfer to the Central Receiving Facility, the contracted alternate transportation provider (currently TransCare) is contacted through the 2-1-1 Hotline or calling TransCare Dispatch directly. The transportation provider shall seek reimbursement pursuant to s. 901.3

Law Enforcement Response to Behavioral Health:

The Hillsborough County Sheriff’s Office (HCSO) in collaboration with community behavioral health providers and persons and families receiving services has implemented a Crisis Intervention Training (CIT) program. The program provides law enforcement based crisis intervention training for helping those individuals with behavioral health disorders. CIT works in partnership with those in behavioral health care to provide a system of services that is friendly to individuals with behavioral health disorders, family members, and the police officers. The CIT model includes 40 hours of training incorporating modules on: the Baker Act, Marchman Act, Transportation Plan, signs and symptoms of mental illness and substance abuse impairment, how to intervene with persons in behavioral health crisis, de-escalation skills, utilization of Mobile Response Teams, centralized transportation to Central Intake Unit, when to request transportation from the County’s contracted transportation provider, person served and family viewpoints and interaction and other vital skills. HCSO has developed and instituted a Behavioral Resources Unit that is comprised of a Sergeant, Corporal, 2 Team Leads, 5 Behavioral Health Deputies, 5 Homeless Initiative Deputies and 6 Licensed Clinicians they are assigned to complete follow up’s, assess individuals for Risk Protection Orders and attempt to divert citizens that are in need of services an alternative to a Baker Act or Marchman Act.

The Plant City Police Department (PCPD) has implemented training which includes a 1 hour Stress Management & Mental Health training completed online through FDLE training website and a 9 hour (3x3 hours blocks) Crisis Intervention Power Point. Created in house by PCPD Training Coordinator, based on CJSTC Crisis Intervention Course #53 (version 2010.10).

The Tampa Police Department and local community behavioral health providers collaborated to develop and instituted a Behavioral Health Unit within the Tampa Police Department. The unit is comprised of lieutenant that oversees the daily operation, a licensed behavioral health professional who is responsible for overseeing the clinical aspects of the unit, and four Crisis Intervention Response Teams. Each team is comprised of a sworn law enforcement officer and a licensed behavioral health professional. The teams are assigned follow-ups to complete on individuals that have been identified as high utilizers, assess individuals that are in crisis and attempt to divert individuals that are in crisis to an alternative rather than utilizing the Baker Act or Marchman Act. The unit also has a case manager embedded within each of the four major behavioral health providers. The case managers are dedicated resources exclusively handling cases referred from the Tampa Police Department. The unit will partner with service providers and government entities to better serve members of our community that experiencing a behavioral health crisis.

Gracepoint Mobile Response Team:

Gracepoint has operated a Mobile Response Team (MRT) for over 20 years, and with the addition of the Central Receiving Facility, has added additional staff. The MRT is staffed 24-7 by licensed professionals, care managers, and Peer Specialists to conduct on-site assessments. The Teams work closely with law enforcement, area hospitals, families, ALF's, Group Homes, and schools. Though not responsible for the actual transportation of persons, they provide onsite clinical assessments and crisis intervention at the scene. When possible, the teams divert persons from acute care by resolving issues on-site and referring persons for follow-up care. The Mobile Response Team averages approximately 50 calls per month with a 72% diversion rate.

Individual and Family Choice:

The publicly funded Florida state Baker Act and Marchman Act systems were created for persons in need of emergency behavioral health care and ongoing treatment. Throughout Hillsborough County, there are several providers equipped to offer the necessary care that a Baker Act and Marchman Act may warrant. Provider options may be limited by bed availability, funding, and how closely the person aligns with provider admission criteria.

Within these parameters, it is the intent of this plan to recognize and to be sensitive to individual and family choice, and to ensure that those choices are respected. Under this plan, if an individual meets the criteria for a Baker Act or Marchman Act and communicates a facility preference before or during the transport, the individual can be transported directly to the preferred facility
Factors that can impact the transport determination include but are not limited to: the individual's

Behavioral Health Advance Directives or Wellness Recovery Action Plan (WRAP), a current or prior treatment provider relationship, insurance and/or other funding (e.g., VA eligibility), admission privileges or recommendation of the treating physician or initiating professional, availability.

Transportation between Facilities:

Florida Statute 394.462(2) (a) states that "If neither the patient nor any person legally obligated or responsible for the patient is able to pay for the expense of transporting a voluntary or involuntary patient to a treatment facility, the transportation plan established by the governing board of the county or counties must specify how the hospitalized patient will be transported to, from, and between facilities in a safe and dignified manner."

As previously noted, initial transportation may be provided by law enforcement, the County contracted transportation provider (currently TransCare), or family/significant others. Transportation to, from, or between facilities may be required due to several factors, including medical necessity, inpatient acute care capacity, or individual choice. Gracepoint, or in the case of persons under age 18, the **CCSU**, and the facility that the person is being transported to or from shall coordinate these transportation arrangements.

Historically, there has been no designated funding stream for those without third party coverage or resources for self-pay. As with initial transportation, this plan intends that the entity providing transportation between facilities may seek reimbursement in accordance with Florida Statutes 901.35. Costs should be borne by private insurance, Medicaid, or Medicare if applicable.

The contracted alternative transportation provider, currently TransCare, is able to provide transportation from a Hillsborough County acute care inpatient facility to a state psychiatric hospital for persons who are committed on a civil basis under s. 394. The Hillsborough County Sheriff's Office (HCSO) provides transportation to the state hospital for persons who are forensically committed under s. 916 (not guilty by reason of insanity or incompetent to stand trial), and from the state hospital to Hillsborough County for subsequent court appearances. The state hospital is responsible to plan and coordinate transportation for patients upon discharge from the hospital, and therefore this is not within the scope of the Hillsborough County Transportation Plan.

On request, TransCare also provides transportation for involuntary treatment hearings from receiving facilities to the designated hearing location.

Accountability:

The ultimate accountability lies with the State of Florida Department of Children and Families (DCF). The public official responsible for overseeing the Plan is the DCF Regional Substance Abuse and Mental Health Program Director.

The State of Florida operates a community-based behavioral health system, and most direct services are contracted with nonprofit behavioral healthcare providers. In Hillsborough County, the DCF Suncoast Region Substance Abuse and Mental Health (SAMH) Program Office contracts with the Managing Entity, currently Central Florida Behavioral Health Network (CFBHN). CFBHN has contracted with Gracepoint to operate the Central Receiving Facility, in collaboration with ACTS.

The DCF Suncoast Region Substance Abuse and Mental Health (SAMH) Program Office, in collaboration with CFBHN and community mental health providers, coordinates the monthly Acute Care Committee meetings, and facilitates time-limited or ongoing subcommittees of the Committee, such as the Transportation and Medical Clearance Subcommittees. This public/private forum is used to oversee and coordinate the operational system. All members of the public are welcome to attend and bring acute care issues or problems to the committee for resolution.

The DCF-SAMH Office is responsible for the following, either directly or by delegation to the Managing Entity:

- Continuing system oversight
- Safeguarding the rights of individuals in service delivery
- Annual monitoring of the quality of services through contract review
- Designating and monitoring receiving facilities, treatment facilities, and receiving systems
- Assistance to resolve issues between providers, if not resolved in Acute Care
- Committee
- Participating in Subcommittees of the Acute Care Committee
- Data collection and reporting on the designated receiving system, including success
- in diverting individuals from acute care inpatient services, jails, and forensic facilities

The Managing Entity in our region, currently CFBHN, is accountable to maintain the Transportation Plan and to make it available to law enforcement and first responders.

The Central Receiving Facility has several contracted performance measures that are reviewed in the Designated Receiving System Plan. One measure is related to transportation, which is to reduce drop-off processing times for law enforcement officers.

The CRF is responsible to accept all persons brought for involuntary examination by law enforcement, an emergency medical transport service, or a private transport service authorized by the county, unless the person requires medical assessment and clearance, or, pursuant to 397.462(1)(h), the person has been arrested for a felony and the CRF documents that it is not able to provide adequate security. In those cases, the CRF shall arrange to provide examination and treatment to the person where he or she is being held.

As described in 394.455(12), all designated receiving facilities are by definition responsible to provide, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders.

Under 394.462(1) (m), each law enforcement agency designated to take persons into custody upon the entry of an ex parte order or execution of a professional certificate is responsible to establish a policy that reflects a single set of protocols for the safe and secure transportation and transfer of custody of the person. Each law enforcement agency shall provide a copy of the protocols to the managing entity.

Individual Disputes and Grievances:

The Acute Care Committee has an ad hoc subcommittee on transportation that serves as a means for

strategic planning, communication, and resolution of systemic problems related to emergency transports. As noted, the Acute Care Committee serves as a public/private forum to oversee and coordinate the operational system. All members of the public are welcome to attend and bring acute care issues or problems to the committee for resolution.

Individuals served, their family members, or other representatives designated by the individual may also file complaints or grievances with a specific provider through their established grievance policy, or directly to DCF, the Managing Entity, or a third party funder if applicable. Providers are responsible to address complaints or grievances through their internal procedures, and are expected to finalize grievances related to the designated receiving system within 30 days. In the event the provider is unable to resolve the issue to the satisfaction of the grievant, DCF or the Managing Entity may intervene and work with the person, family, and/or provider to bring the issue to a satisfactory resolution.

Domains of Performance Affected:

The Acute Care Committee, in its effort to continually improve the system, has identified several areas of performance that are applicable to delivering acute care services in Hillsborough County. The goal of "taking the system to a new level" is directly related to improving the quality of care for those persons served. The following domains of performance are driving factors and community standards in achieving excellence.

- Dignified, safe, and humane transportation
- Immediate access and availability for acute care services
- Improvement of clinical assessments at the "front door"
- Linkage and timely aftercare services
- Appropriate lengths of stay relative to individual needs
- Medical clearance policies reviewed with emergency rooms and hospitals
- Assessment of the need for current and future treatment capacity
- Pre- and post-booking jail diversion
- Contractual accountability with state and county government
- Demonstrated cost savings to the community, hospitals and law enforcement
- Enhanced community partnerships

Cooperation, Collaboration and Commitment:

As stated, the Acute Care Committee meets every month and the transportation plan is a critical element in the acute care system. Therefore, this is an ongoing planning and operational process. Designated receiving facilities, law enforcement agencies, and Hillsborough County Government have actively participated in the Transportation Exception Plan.

Over the past twenty years, the level of cooperation, collaboration, and long term commitment among the state and county government, law enforcement agencies, hospitals, substance abuse and mental health providers have made the system work. There has been continuous contractual oversight by DCF, CFBHN, and Hillsborough County staff. The monthly Acute Care Committee

meeting serves as an open forum for system coordination and problem solving. It has been the Acute Care Committee's experience that transporting persons to the "nearest receiving facility" results in a fragmented system of care whereby unnecessary transports are made by law enforcement, and area hospital emergency rooms are faced with treating persons who could be seen in a more appropriate setting. The centralized system supported by the Transportation Plan is a more efficient and cost effective way of serving persons in need of behavioral health services in Hillsborough County. The development of the Hillsborough County Transportation Plan is an example of a true partnership in community problem solving.

Index of attachments to the Hillsborough Behavioral Health Transportation Plan:

Attachment A:
Acute Care Services Available in Hillsborough County

Attachment B:
Hillsborough County Overflow Plan

Attachment C:
Hillsborough Medical Stabilization Guidelines

Attachment D:
Central Receiving System Flow Chart

Attachment E:
Definitions

Attachment A

Acute Care Services Available in Hillsborough County
April
2022

Central Receiving Facility Gracepoint
(813) 272-2958 (Adults) (813) 272-2882 (Children)
The Central Receiving Facility serves as the centralized screening location for persons in Hillsborough County presenting without an emergency medical condition. Referrals are triaged at the Central Receiving Facility and linked with appropriate crisis stabilization services on an outpatient or inpatient basis. Inpatient crisis stabilization may be admission to the CSUs (GRACEPOINT or Northside Behavioral Health Center) or a private receiving facility, dependent on availability and capacity, preferred facility as covered by private insurance or individual choice; or to ACTS for detoxification. Outpatient crisis stabilization may include brief crisis counseling and linkage with community-based services, and may include linkage with care coordination services if the person meets criteria as an individual with high-need/high utilization of acute care (defined as three or more acute care inpatient episodes within six months).

Children's Crisis Stabilization Unit (CCSU) Gracepoint
2208 East Henry Avenue Tampa, FL 33610 (813) 272-2882
Capacity: 28
The CCSU is an inpatient treatment program which provides 24-hour medically supervised treatment in a therapeutic environment for children who are in crisis. The CCSU serves children between 5–17 years of age. Using a multi-disciplinary approach, a treatment team of Board Certified child/adolescent psychiatrists, master level clinicians, registered nurses with psychiatric expertise, case managers, and certified education teachers work with each child and family to identify challenges and develop a treatment plan.

Adult Crisis Stabilization Unit (CSU)
Crisis Stabilization Units are public receiving facilities that provide crisis stabilization in a secure inpatient setting to individuals 18 years of age and older who are medically stable. Individuals who are in an acute mental health crisis are screened, assessed and admitted for stabilization based on meeting Baker Act criteria on either a voluntary or involuntary basis, regardless of ability to pay. Individuals are provided 24-hour observation, medication prescribed by a physician or psychiatrist, and other appropriate services.

Gracepoint
2212 A & B East Henry Avenue Tampa, FL 33610 (813) 272-2958
Capacity: 60

Northside Behavioral Health Center
12512 Bruce B Downs Blvd Tampa, FL 33612 (813) 977-8700
Capacity: 20

Marchman Act Receiving Facilities

Juvenile Addictions Receiving Facility (JARF) ACTS
8620 Dixon Avenue Tampa, FL 33604 (813) 931-4446
Licensed Capacity: 20
This is a secure, medically supervised substance abuse receiving facility that provides inpatient assessment, detoxification, stabilization & short-term treatment and referral services for adolescents who are actively using drugs and/or alcohol. This program operates 24/7, and accepts voluntary or involuntary admissions. Involuntary patients must meet *Marchman Act criteria and can be admitted directly by parent/ guardian, law enforcement, physicians certificate or court order.

Adult Addictions Receiving Facility (AARF) ACTS
2214 East Henry Street, Tampa, FL 33610 (813) 367-2565
3107 North 50th St. Tampa, FL 33619 (813) 367-2565
***Relocation with target date of June 1, 2022.*
Licensed Capacity: 30
This is a secure, medically supervised substance abuse receiving facility that provides inpatient assessment, detoxification, stabilization & short-term treatment and referral services for adults who are actively using drugs and/or alcohol. This program operates 24/7, and accepts voluntary or involuntary admissions. Involuntary patients are admitted via law enforcement, physician certificate or petition to the Courts via the Marchman Act.

Detoxification Program

The Oasis at Tampa Community – HCA Florida West Tampa Hospital
6001 Webb Rd
Tampa, FL 33615
(866) 933-3869
Licensed Capacity: 16
A voluntary program where patients are medically supervised through a safe detoxification or withdrawal by the 24-hour care of medical staff. The program includes a personalized assessment, medication management, private rooms and entry, addiction education, daily patient-physician conferences, group therapy, family support groups and discharge referral planning. The length of the detox is typically between three and five days, depending on the patient's overall condition.

Private Baker Act Receiving Facilities

As of June 2021, DCF designates these hospitals in Hillsborough County as Private Baker Act Receiving facilities. They provide screening, assessment, and short-term treatment in a secure setting to persons exhibiting violent behaviors, suicidal behaviors or other severe disturbances that may be a danger to themselves or others under the Baker Act.

St. Joseph's Hospital
4918 N Habana Ave Tampa, FL 33614 (813) 870-4300
Licensed Capacity: 40 Adults, 20 Children

Tampa Community – HCA Florida West Tampa Hospital
6001 Webb Rd
Tampa, FL 33615
(844) 423-4283
Licensed Capacity: 89

*James A. Haley Veterans Administration Medical Center
13000 Bruce B. Downs Blvd. Tampa, FL 33612
813-972-2000
*Baker Act Facility for Veterans

Other Resources for Diversion:

Amethyst Respite Center (ARC) ACTS
4403 W. Martin Luther King Jr. Blvd Tampa, FL 33614
813-879-0494 Licensed Capacity: 30
This is a short-term (3 to 10 day) diversion program providing shelter and case management services to adults 18 years of age and older who are homeless and who may be under the influence of alcohol or drugs, and/or have committed minor offenses that could have resulted in arrest but are appropriate for law enforcement discretion (e.g., violations of open container laws, trespass, uttering a forged instrument, possession of a shopping cart, loitering, panhandling). Referrals are accepted from law enforcement, area hospital emergency rooms, the CSU, or EMS. The ARC is an inebriate shelter, and is not able to accept individuals who need medical intervention beyond safe management capability.

Mobile Response Team
Gracepoint
(813) 272-2958
The Mobile Response Team is a front-end diversion to the system of care, providing co-occurring screenings in the community while assessing an acute behavioral health crisis. The Teams also provide referrals and coordination to needed services. Referrals are triaged through the same telephone number (813) 272-2958. The MRT operates 24/7, covering Hillsborough County. The MRT responds to both adults & children.

The Substance Abuse Treatment Services – Integrated Care Program is offered through the following four community partners:

Agency for Community Treatment Services (ACTS)
4612 N. 56th Street Tampa, FL 33610
3575 Old Keystone Rd, Tarpon Springs, FL 34688
(813) 246-4899

Cove Behavioral Health, Inc.
4422 E. Columbus Avenue Tampa, FL 33605
3107 North 50th Street, Suite B Tampa, FL 33619
(813) 384-4000

Phoenix Programs of Florida, Inc.
510 Vonderburg Dr., Suite 301 Brandon, FL 33511
15682 US 301 North Citra, FL 33572
(813) 881-1000

Tampa Crossroads, Inc.
5109 N. Nebraska Avenue Tampa, FL 33603
202 W. Columbus Drive Tampa, FL 33702
(813) 238-8557

The purpose of the Hillsborough County Substance Abuse Treatment – Integrated Care Program is to improve overall health outcomes of individuals by effectively treating individual's substance abuse and co-occurring disorders through a continuum of care system. Individuals enter treatment at a level appropriate to their needs and then step up to more intensive treatment or down to less intensive treatment as needed. Individuals must be 18 and over and referred into the program by one of the following categories; Criminal Courts, Civil Courts through involuntary treatment orders and community referrals through community partners with priority consideration given to Hillsborough County Health Care Plan (HCHCP) participants. It offers individuals with assessment services, short-term and long-term residential treatment services. The program targets to reduce long-term health risk, decrease hospitalization, improve mental health functioning, increase health self-sufficiency with housing /employment, reduce the number of arrests, reduce substance abuse and relapse risk, and enhance medical and behavioral integration.

Attachment B
Overflow Plan

Transportation Plan:

All persons age 18 and over for whom an involuntary examination has been initiated shall be delivered to the Central Receiving Facility, located at 2212 East Henry Avenue Tampa, FL, 33610. All persons age 17 and under shall be transported to the most appropriate receiving facility.

All persons who are believed to have an emergency medical condition, or specialized medical need shall be taken to the nearest appropriate hospital emergency department for medical screening and stabilization in accordance with Federal Emergency Medical Treatment and Active Labor Act (EMTALA), Florida Mental Health Act (Chapter 394), Hospital Licensing and Regulation Act (Chapter 395), and
Hillsborough EMS Policy.

If a person is taken by law enforcement personnel to another designated receiving facility, the facility will accept the person, perform the involuntary examination, and if necessary initiate a transfer to the appropriate receiving facility. Inappropriate transports will be documented and attempts will be made to resolve with appropriate involved parties. If a resolution cannot be reached, or a systemic problem is discovered it will be brought to the Hillsborough County Acute Care Committee for resolution.

Overflow:

The Central Receiving Facility (CRF) will make every effort to first refer patients to facilities that accept their payer source. When the Overflow Plan is activated, the CRF will refer patients to receiving facilities through e-fax, and transfer the person to the first facility to respond that has capacity.
When the Children's Crisis Stabilization Unit (CCSU) is at capacity it will coordinate transfers to a private or public children's unit that has capacity.
When the Overflow Plan is activated, no hospital will be permitted to refuse a referral due to the person's source of payment or lack thereof.

Data:

Each receiving facility will keep up-to-date unit census information. Gracepoint currently sends a community census to trend the afternoon census among Hillsborough County providers. If a provider is at capacity Gracepoint will keep this in mind when seeking overflow placement.

Gracepoint has data available on the number of persons referred to each facility and the source of payment for each. Any issues related to the Overflow Plan that cannot be resolved between the Central Receiving Facility and the affected receiving facility shall be brought to the Hillsborough Acute Care Committee for resolution.

Public Receiving Facilities	Bed Capacity
Gracepoint	60
Northside Behavioral Health Center	20
AARF (substance use disorders)	30
Total	**110**

Children's Receiving Facilities	Bed Capacity
Gracepoint	28
St. Joseph's Hospital	20
JARF (substance use disorders)	10
Total	**44**

Private Receiving Facilities	Bed Capacity
St. Joseph's Hospital	40
Tampa Community – HCA Florida West Tampa Hospital *16 Detox, 67 Adult Inpatient, 12 Geriatric	105

Attachment C

Emergency and Acute Care Services
Medical Stabilization Guidelines for Hillsborough County

All patients referred to the Central Receiving Facility (CRF), or any facility licensed under Florida Statute 394 and 397 for admission, shall be screened for medical illnesses/complications prior to accepting the patient. Patients must be awake, alert, and self-ambulating. Individuals must be medically stable for transport to the CRF. The patient's physical safety always takes precedence over psychiatric needs. In specific cases, the receiving and transferring providers may require request a nurse to nurse contact relative to any issues beyond the parameters of the following guidelines.

When a medically necessary transfer, defined in Florida Statute 395.002 as a transfer necessary because the patient is in immediate need of treatment for an emergency medical condition for which the facility lacks capacity, is required, the CRF or facility licensed under Florida Statute 394 or 397 shall contact EMS if an emergency to transfer the person to the most appropriate medical facility. For non-emergent medical conditions that are still beyond the safe management capability, or that require medical clearance, transportation is arranged with the contracted alternative service provider (currently TransCare).

The following medical illness/complications may delay or prevent admission to the CRF and/or an inpatient CSU, AARF, or a facility licensed under Florida Statute 394 or 397. A patient that is medically cleared is not necessarily medically appropriate for a free standing facility. The patient must be medically stable and the receiving facility must have the capacity to treat the patient. <u>All parameters will be reviewed and determined on a case by case basis</u> <u>by contacting the CRF.</u>

1. Anticoagulant Therapy: Individuals requiring anticoagulant therapy must be stabilized as evidenced by accompanying laboratory results within therapeutic ranges.

2. Blood pressure: Individuals with alterations from their normal baseline blood pressure or individuals with a new diagnosis of hypertension not previously managed and currently unstable, which the CRF believes may not be appropriate for management in a facility licensed under 394 or 397. (Adult Range 90/60 to 150/90). Patient specific circumstances to be considered.

    a. The Emergency Departments agree to provide at least one dose of antihypertensive medication and medically reevaluate individuals in the adult range of 90/60 to 150/90 prior to transfer when appropriate to the CRF, or to a facility licensed under 394 or 397. Recommendations for treatment by the Emergency Department physician will be communicated to the receiving facility.

3. Diabetes – an established baseline is required. Diabetics, must exhibit medical stability. Insulin dependent diabetic's levels must be less than 300 mg/dl with treatment initiated (as indicated by a Glucometer or blood work).

4. Typically, cannot manage wounds that require more than a dry dressing or wounds which require intensive daily treatment due to their size or location, or a sterile field.

5. Infections requiring treatment including but not limited to Pneumonia, Pulmonary Infiltrates, Phlebitis, Active Tuberculosis, Hepatitis B, HIV, Severe Urinary Tract Infection, Gynecological

Infections, Gangrene or Elevated Temperatures of unknown etiology (> 101 degrees) – accompanied by acute symptomatology.

a. Individuals with an active infectious process which requires any type of isolation and whose treatment and/or management is unable to prevent the cross contamination of other CSU, or any Florida Statute 394, 397 licensed facility patients. For example flu, MRSA.
b. All behavioral health patients must have a covid screening and be covid negative for acceptance to the CSU or AARF.
c. Individuals who are unable to maintain integrity of bodily eliminations or incontinent of urine/feces as related to diseases/infections transmitted via blood and body fluids.

6. Broken bones requiring physical therapy that requires total bed rest (non-ambulatory). Major fractures are considered for admission on a case-by-case basis.

7. Cardiac disease where oxygen or assist type of equipment is needed (C- PAP/ Bi-PAP machines are not appropriate).

8. Receiving any IV fluids or requiring catheters (excluding self-care urinary catheter). This includes but is not limited to a suprapubic catheter, PEG tube, or insulin pump.

9. Seizure patients who have not been taking anti-convulsant medication and have positive recent seizure history (active seizure history). Individuals will be appropriate for admission when therapeutic levels of the appropriate anti-convulsant medication are documented and accompany the patient. Admission of "status epilepticus" will not be appropriate until seizure-free for one week. New onset of a seizure disorder of unknown etiology would likely be inappropriate for CRF. Documented Pseudo seizures (via a Neuro consult) are likely eligible.

10. Patients requiring intensive treatment for cancer.

11. Patients requiring kidney dialysis or patients who manifest signs/symptoms of acute uremia.

12. Patient with recent significant head trauma (within 2 weeks). Patients with head trauma will be accepted with documented neurological exam that rules out neurological/organic origins of psychiatric symptomatology.

13. Primary diagnosis of chronic organic brain syndrome is generally inappropriate and a medical / neurological evaluation is required if accepted for admission. Generally, organic brain syndrome such as Dementia or Traumatic Brain Injury would not be appropriate for a Baker Act or a CSU admission.

14. Patients with developmental delay, such as Autism Spectrum as their primary disability would likely not be appropriate for a Baker Act or CSU admission. .

15. Pregnant with complications, or with no prior prenatal care and within 4-6 weeks of delivery (at minimum) will require a documented OB/GYN consultation prior to transport to the CRF. Admission of a pregnant patient in the third trimester to a facility licensed under Florida Statute 394 or 397 for pregnant patients is handled by a case-by-case basis and requires administrative approval. The physical safety of the mother and/or fetus will always take precedence over behavioral health care needs. Viability of the pregnancy should be confirmed prior to referral to CRF.

16. Patients whose condition requires bedside rails, adjustable hospital beds or who are unable to ambulate. Patients with paralysis who require tub baths.

    a. Individuals who are unable to ambulate without assistance or who require crutches, walker, or canes will be evaluated on an individual case-by-case basis by administration on-site/on-call. In the event that there is question regarding this, nurse to nurse contact may be necessary.

17. Any patient receiving breathing treatment(s) will have these treatments completed or discontinued at the hospital/provider before being considered for transfer to a CSU, or any Florida Statute 394 or 397 licensed facility. Any patient with a tracheostomy that is new or needs suction would not be eligible for a CSU or any Florida Statute 394 or 397 licensed facility.

18. Patients in acute intoxication or withdrawal from substances, who require prescribed methadone maintenance, or who have opiate addictions will be referred to a facility licensed under Florida Statute 397. They will not be accepted at a facility licensed under Florida Statute 394.

19. Patients who have overdosed:

    a. Must be screened and medically stabilized with supporting lab work performed by appropriate resources.

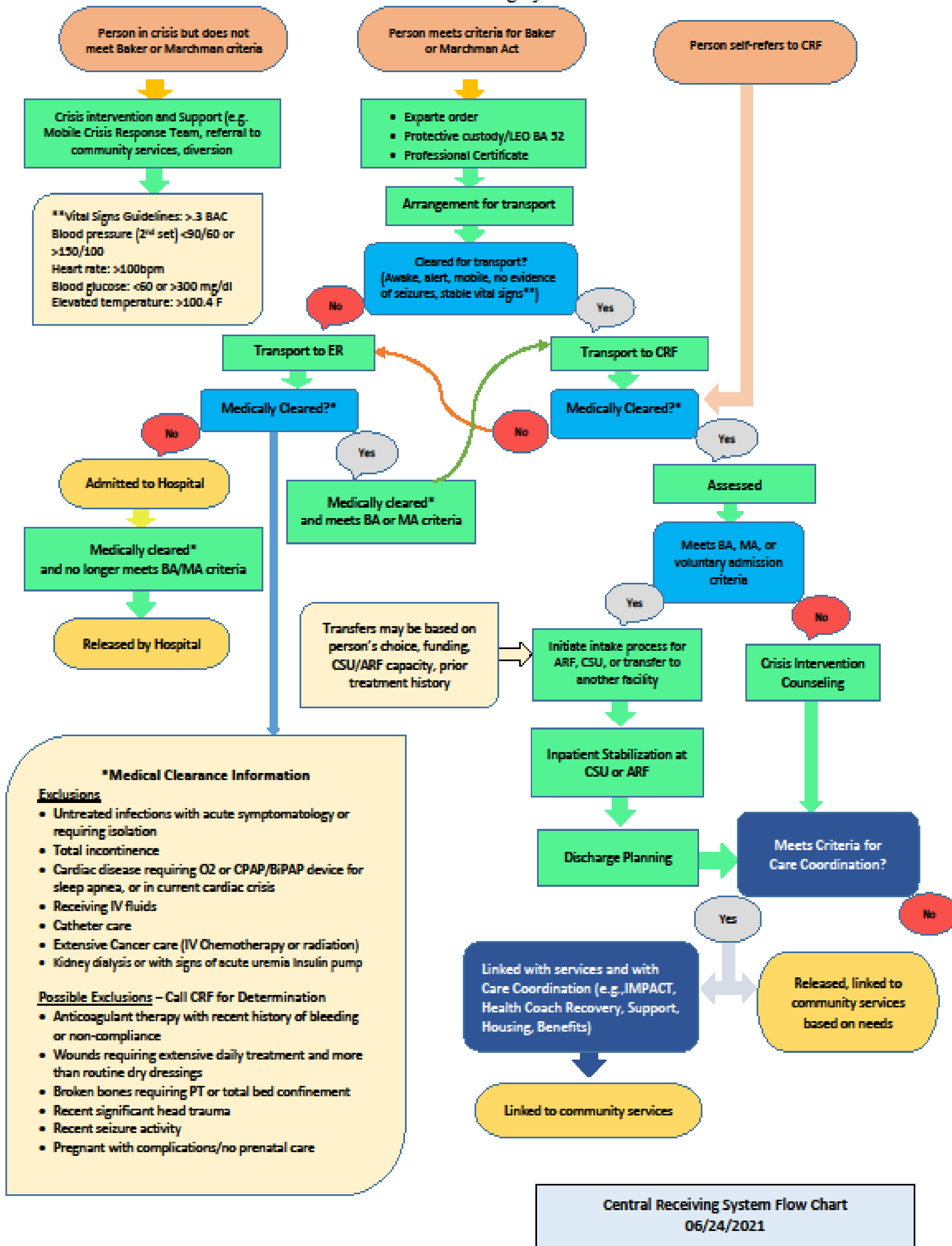
    b. In situations where more than minimal overdoses were ingested, repeat lab work must be performed. CRF may override this requirement if, in their opinion, it is not necessary to repeat lab work. All providers must ensure that levels of toxicity are being completed and reported when referrals are made and any necessary follow-up is communicated to CRF staff.

    c. The patient must be awake and alert, and able to ambulate unassisted except in the case of physically handicapped individuals. Patients who are unable to complete a mental status exam due to over-sedation must be managed by the Emergency Departments until the patient is alert and oriented.

    d. Gross neurological signs must be within normal limits and documented by the referring agency.

Overdoses will be treated according to Regional Poison Center recommendations and are eligible for admission after medical stabilization. This eligibility is subject to accepting facility requirements and doctor's recommendations. For example, the CCSU may have more stringent requirements than an Adult CSU.

Attachment D



Attachment E: Definitions	
Access center	*A facility with the medical, mental health, and substance use professionals necessary to provide emergency screening and evaluation for mental health or substance use conditions. This facility may serve as a midpoint and may provide transportation to a facility better suited to the individual's needs.*
Addictions receiving facility	*A secure, acute care facility that, at a minimum, provides emergency screening, evaluation, detoxification, and stabilization services. This facility operates 24 hours per day, 7 days per week, and is assigned to serve individuals determined to have a substance use impairment and who are eligible for services.*
Behavioral Health	*Refers mental illness as defined in Florida Statute Title XXIX Chapter 394, substance use as defined in Florida Statute Title XXIX Chapter 397, or a co-occurring mental and substance use disorders.*
Behavioral Health Advance Directives	*Written behavioral health care instructions prepared when an individual is competent to do so that specify the individual's health care preference, and that designates a health care surrogate to make necessary decisions for the individual at the time of crisis. Facilities are required to make reasonable efforts to honor preferences and choices outlines in the directive or transfer the individual to a facility that will honor those choices.*
Designated receiving facility	*A public or private hospital, Crisis Stabilization Unit, or Addiction facility approved by the department that provides (at a minimum) emergency screening, evaluation, and short-term stabilization for mental health and/or substance use disorders; this "Detoxification facility" means facility licensed to provide detoxification services under Florida Statute Title XXIX Chapter 397.*
Electronic means	*Any form of telecommunication which requires all parties to maintain visual as well as audio communication when being used to conduct an examination by a qualified professional.*
Facility	*Any public or private hospital, community receiving and/or treatment entity that provides the evaluation, diagnosis, care, treatment, training, or hospitalization of individuals who appear to have a mental illness or who have been diagnosed as having a mental illness or substance use impairment. The term Facility does not include any program, or an entity licensed under*

	pursuant to Florida Statute Title XXIX Chapter 400 or Chapter 429.
Incompetent to consent to treatment	*A state in which that an individual's judgment is so affected by a mental illness or a substance use impairment that they the capacity to make a well-reasoned, willful, and knowing decisions concerning their medical, mental health, or substance use treatment.*
Involuntary Admission	*An adult or minor that presents evidence of mental illness and who's judgement is so affected by his or her mental illness that they lack the capacity to make well-reasoned, willful and knowing decisions concerning his or her medical or mental health treatment.*
Involuntary examination	*An examination performed under Florida Statute Title XXIX Chapter 394 s. 394.463, s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811 to determine whether a person qualifies for involuntary services.*
Involuntary services	*Court-ordered outpatient or inpatient services for mental health treatment pursuant to Florida Statute Title XXIX Chapter 394 s. 394.4655 or s. 394.467.*
Patient	*Any person, with or without a co-occurring substance use disorder, who is held or accepted for mental health treatment.*
Receiving facility	*Any public or private facility or hospital designated by the department to receive and hold or refer, as appropriate, involuntary patients under emergency conditions for mental health or substance use psychiatric evaluation, and to provide treatment or transportation to the appropriate service provider. This term does not include a county jail.*
Voluntary Admission	*An adult may apply for voluntary admission if found to show evidence of mental illness, to be competent to provide express and informed consent, and to be suitable for treatment pursuant to Florida Statute Title XXIX Chapter s. 394.4625.*
Wellness Recovery Action Plan	*A self-designed prevention and wellness strategy that includes developing a written plan to outline and to inform others of individual health care preference when unable to make personal decisions due to a behavioral health crisis. The plan includes individuals who can be involved in deciding care and decision making, acceptable medications and treatments, preferred treatment facilities, and how support persons will know*

	the individual is able to resume decision making responsibility.